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We do ourselves but simple justice, in stating that our *entire attention* is, and for many years has been, *exclusively* devoted to the manufacture of Extract of Malt for medicinal purposes, and that we give our undivided personal attention to each step in the delicate process by which Extract of Malt of excellent quality can alone be made.

Under these circumstances, it is unreasonable to suppose that the various manufacturers of fluid extracts, elixirs, pills, &c., who (attracted by the high reputation of our Extract of Malt), have recently, in various sections of the country, undertaken the manufacture of a similar article, should generally succeed in producing it of a quality according with the fulsome praise with which their advertisements are filled. While being perfectly willing to let the reputation of our Extract of Malt rest upon its real merits, we owe it to the medical profession, as well as to ourselves, to give warning against imposition.

It has come to our knowledge that certain articles extensively advertised as "pure" and "genuine extract of malt," are composed chiefly of the substance called GRAPE SUGAR or MALTINE, which, as is well known, is the product of the action of sulphuric acid upon starch subjected to a high temperature. This artificial grape sugar or glucose which is extensively manufactured from corn starch, is now being used in immense quantities, instead of ordinary cane sugar, in the sophistication of confectionery, sugar-house syrup, "strained honey," native wines, and canned fruits, and by some brewers in the manufacture of beer and ale. The cheapness of this artificial product of Indian corn, constitutes the chief inducement for this species of substitution for barley malt and cane sugar.

Again, an extract of malted grain is manufactured for the purpose of obtaining *diastase*, which, (simple and variously combined) is much used in medicine. The appearance of the extract is but slightly changed by being deprived of this important constituent, although, it is unnecessary to add, that its value as a medicinal agent is thereby greatly impaired. Nevertheless, this very substance, which is little more than refuse material, in the manufacture of diastase, is now being offered for pure malt extract.

It is *malt extract* prepared from Barley malt combined with the proper proportion of Hops, that has been for many years the standard medicinal-nutritive employed by the medical faculty of Europe, and especially of Germany. Its value has been established by experience, and its use in the treatment of almost all forms of disease of nutrition is constantly extending. We shall continue to devote the most scrupulous attention to the maintenance of the reputation of our malt extract, by the careful selection of material and by unwearied personal attention to manufacturing details.

Attention is respectfully directed to the accompanying extract from Ziemssen, and also to our circular and testimonials elsewhere printed.

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From Ziemssen's Cyclopædia of the Practice of Medicine, Vol. XVI, page 474:

"The Malt Extract prepared from Trommer's receipt is designed to fulfill much the same purpose as Cod-liver oil, carbo-hydrates (malt-sugar, dextrin.) taking the place of fatty matter. The simple (much or little hopped) and the Chalybeate form of Malt Extract are coming more and more into favor as substitutes for the oil; they are more palatable and more easily digested, and should, therefore, be preferred in the dyspeptic forms of anæmia. During the last few years Malt Extract has almost entirely taken the place of Cod Liver Oil in the treatment of phthisis, and other wasting diseases at the Basle hospital, and we have as yet found no reason for returning to the use of the latter remedy. The Extract may be given from one to three times a day in doses varying from a teaspoonful to a tablespoonful in milk, broth, beer, or wine."

ST. LOUIS CLINICAL RECORD.

A Thoroughly Independent Medical Journal.

VOL. VI. ST. LOUIS, SEPT., 1879. NO. 6.

Original Communications.

A CONTRIBUTION TO THE EXPLANATION OF THE ETIOLOGY OF MALARIA.

BY F. W. ABEKAN, M. D.

Quinia is preëminently the remedy in malaria. Of all the theories, which try to explain the action of quinia, the one offered by Prof. Binz appears the most plausible, since all other theories, without enumerating them, are either positively contradicted by known facts or, falling short of an attempt at proof, are merely so many unproven, though not disproven, assertions. The experiments of Prof. Binz (Beziehungen des Blutes Zum Chinin, 1871) however render the theory very plausible, that quinine acts in malarial affections by restricting the ozone bearing property of the red corpuscles. Consequently, if this be true, malarial fevers must either depend on an increase of this ozone bearing property or on a preëxisting *excess of ozone in the tissues.*

Arsenious acid is also a known efficacious remedy in malarial fevers. At a meeting of the Neederrheimsche Gesellschaft fuer Natur und Heilkunde (January 13th, 1879) Prof. Binz related the result of some experiments with arsenious acid, which he had instituted with D. H. Shulz. He stated that at the temperature of the blood arsenious acid is transformed within glandular structures into arsenic acid, which in turn, after a while, gives back its oxygen to the surrounding tissues, thus acting as a carrier of nascent oxygen (ozone), like the red corpuscles. His experiments and his dissertation were made to explain the toxic action of arsenious acid. But if we consider that therapeutic doses of this acid will be eliminated at a stage when they have only absorbed oxygen, and before they have rendered it back, and thus caused symptoms of poisoning, we can conceive that in malarial fevers arsenious acid in therapeutic doses acts by absorbing and carrying off an excess of ozone. Consequently malarial fevers must depend on the presence of *an excess of ozone.*

At a meeting of the Medical Society of the County of Kings, New York, (Vide "Proceedings," Aug. 1879) Dr. W. Anderson stated his success in the treatment of malarial fevers with iodine. He also cited the favorable experience of many other practitioners with iodine, among others, that of Dr. Grinnell, of the Wichita agency, who treated 147 cases of malaria at all ages with iodine with results equal to those treated with quinia. (1) In view of the facts recorded in this paper of Dr. Anderson alone, the good services of iodine in malaria can hardly be doubted, though not generally appreciated by the profession. Experiment and theories on the physiological action of iodine however are remarkably few. Dr. H. C. Wood refers to some experiments of D. K. Kammerer, which tend to show that the action of iodide of potas sium depends on a consumption of ozone in the tissues. And most authorities affirm

that the action of iodine and iodide of potassium are similar. (2) Thus we have at least an indication that iodine, an alleged efficacious remedy in malaria, may act by abstracting ozone, and, if this be true, that malarial fever depend on the presence of an *excess of ozone*.

The fact that these three recognized remedies for malaria: quinia, arsenious acid and iodine, are antiseptics, has been offered as an additional support of the old orthodox theory, that "malaria consists of low vegetable organisms, developed by the putrefaction of vegetable substances," (Niemeyer). In view of this fact, though, that apparently these three remedies have the common property of actively interfering with the rôle ozone plays in the human economy, it is at least conceivable, that the symptoms of malarial poisoning are attributable to some chemical agent, some gaseous product of putrefaction, which, entering the blood through the lungs, is further decomposed and liberates oxygen, this noxious excess of ozone in the tissues, especially the glandular. Putrefaction can hardly be so simple a process of slow oxdation as most text-books on organic chemistry make it out to be. And it appears that, in this direction, more investigation than hitherto is required, if we would find out the nature of the malarial (and some other) poisons. The plausibility of the theory, that a chemical agent is the cause of malarial symptoms, is furthermore enhanced by the fact that, in spite of the closest scrutiny malarious spores have never been detected.*

This is not the place to enter on the significance of the fact, that two of these anti-malarial remedies, arsenious acid and iodine, exert their chief influence on glandular structures, and that in malarial disorders (yellow fever?) glandular structures: liver, spleen and stomach, are mostly implicated. Neither does space permit to found a complete history of the origin, nature, introduction and consequences of the malarial poison on the above suggestion. The object of this article is obtained, if it can induce those who have all the facilities for research in the physiological laboratories of our colleges—of course every medical colleges has one, well appointed—to lay aside for awhile the microscope, which will never help us beyond the entity of the cell, and to take up their chemical reagents to investigate the nature of the life-changes within the cell—in short, not to look for the malarial poison alone, but to also think for it and to feel for it with chemical reagents.

The importance of abstract speculation, of experimentation in the physiological laboratory, is too much underrated in this our pseudo-materialistic generation, which is so apt to sneer at every effort, if not immediately followed by practicable good results. This general neglect of experimentation and speculation is apparently caused by the fact, that with the rank and file of the medical profession, with the practitioner, success depends more upon "how the doctor smiles and how the doctor frowns," than on his training to correct thinking, so that the "doctor" very naturally cultivates his frowns and smiles more than he does his reasoning faculties. As a consequence many are led to forget that even an exploded theory, a disproven hypothesis is often of inestimable value to science, by showing where *not* to look for a hidden truth, and that any hypothesis, not in positive antagonism with established knowledge, may at any time become a determined fact. And the determining, collecting and comparing of *facts* is the only means with which blind empiricism can ever be successfully combated by science. This is true materialism. And if ever scientists should drop this contest with empiricism, they would merit the ignominious remark made by Dubois-Reymond at Munich: "ignoramus et ignorabimus!"

NOTE I.—Six or seven years ago the

* See Abstract department of this number for recent researches.—ED. RECORD.

author of this article noticed a short recommendation of iodine as a prophylactic for malaria in some medical journal (either in *Braithwaite* or *American Journal*). Being at that time in charge of a hospital, to which many cases of malaria came for treatment, he had the opportunity to try the iodine treatment with evident good results, though only, as recommended in said journal, as a prophylactic. Since then he has used iodine for this purpose largely in private practice, and, after reading Dr. Anderson's paper, has even treated successfully four cases of tertian intermittent (one in himself) and one case of remittent exclusively with iodine. Of course the author does not pretend to prove anything with these few observations and offers them only for what they are worth, hoping that on the eve of our most malarial season others may be induced thereby to try the treatment and after awhile to adduce their more numerous observations.

NOTE II.—In 1876 the author repeated some of the experiments of Prof. Binz with various drugs, and, struck by the apparent lack of investigation into the physiological action of so important a remedy as iodine undoubtedly is, ventured on some original research with this drug. Through lack of facilities and lack of opportunity to discuss and take counsel, these researches were far from exhaustive. Nevertheless, omitting details for want of space, besides other observations, one fact appeared to be conclusive, viz: that a very weak solution of iodine, injected near a living gland, will perceptibly increase the secretion of the gland, which increase does not appear to depend on mechanical irritation, nor on an increase of innervation, nor on any dilatation of the capillaries, nor on any decrease (liquefaction) of the corpuscles, but solely on an increase of the physiological function of the gland cells (of course at the expense of the blood and the ozone of the corpuscles(?)). This observation may perhaps be considered another indication, that iodine modifies the transition of ozone in the tissues..

ST. LOUIS, MO., Sept. 1879.

Clinical Reports.

INFIBULATION AS A REMEDY FOR EPILEPSY AND SEMINAL LOSSES.

BY LOUIS BAUER, M. D., M. R. C. S., ENG., ETC.

In October last ('78) a young man requested castration at my hands, assigning as reason: frequent seminal emissions and occasional "trances" or paroxysms during night, likewise ending in serious losses.

To all outward appearance he was in the possession of a robust constitution and of excellent health; his age then twenty-two years; height about five feet eight inches, with a weight of one hundred and sixty pounds; form exquisite, well maintained and no derangement of any of the vital functions except constipation of the bowels. Whilst conversing with him, I noticed a marked nervous excitability with slight tremor of the hands and occasional jerkings as seen in chorea. Besides, he exhibited frequent blushes of the face, though free from all embarrasment in his intercourse with me.

The sexual organs presented no unusual appearance. There was no tenderness nor discharge at the time, but the prostate gland seemed to be in a state of abnormal turgescence, slightly tender and enlarged without any change in its structure.

These were the *species factorum* as elicited by careful physical examination. It was, however, evident that the mind of the patient was greatly agitated, that he lived in constant fear, that he might eventually loose his reason. Thus life had almost become a burden to him, and the thought of suicide had more than once occurred to him.

Hence his strange demand of castration in order to get rid of the source of his trouble by one stroke.

The present condition had obviously been brought about by excessive onanism, commenced at an early age (thirteen years). For several years he had experienced no inconvenience in strength or endurance, had enjoyed good appetite and rest. But at the age of eighteen years he got seriously alarmed by a nocturnal attack, which temporarily deprived him of his consciousness and left him somewhat debilitated. From that moment he stopped self-abuse. Since then he has experienced about twelve such "trances," all occurring in the first part of the night. Most of them had left but faint recollections. But once or twice he discovered himself in a strange attitude holding in embrace the bedclothes like a woman and passing through the movements of coition.

After such attacks he would feel dejected and despondent, and at times he had difficulty in figuring accounts.

Irrespective of those attacks there were frequent seminal emissions towards morning accompanied by lascivious dreams; after which he would wake and discover the evidences of seminal loss in his body-linen and the bed-clothes. The latter attacks are connected with and not unlikely produced by distension of the urinary bladder and rectum.

If there are any premonitory symptoms, the patient has no cognizance of them. As far as he can remember they are followed by a profound sleep from which he awakens with headache and distraction.

Although the patient did admit that, in his practice of masturbation, he had occasionally adopted the very method, the "trances" cannot be considered mere habitual repetitions, because:

1. He had completely abstained from the practice almost four years.

2. The "trances" were not so frequent as to pass as mere habit unconsciously.

3. They were accompanied and followed by such a change of symptoms as to qualify them as epileptiform or *petit mal*.

Most cases of this character are accompanied by almost the same diversity of nervous symptoms as in hysteria; they like to dwell on their troubles like hypochondriacs and attach the greatest importance to the most insignificant circumstances, they are, in fact, bores in medical offices. Yet it will not be difficult to observe a marked difference in the preceding instance. For the patient did nothing to enlist the special sympathy of his physician. He related his case as a matter of fact and made no attempt at exaggeration. An incidental moisture at the orifice of the urethra did not terrify him as is usually the case. In the saline turbidity of his urine he did not suspect the presence of semen, nor was his mind disturbed beyond the apprehension of losing his reason.

On the other hand there were unusual symptoms prevalent which do not strictly belong to the excessive loss of spermatic fluid. The headache was frequent and severe, more particularly at such times when he had passed through an epileptoid paroxysm. Then he exhibited more nervous excitability while dullness prevailed in his mind otherwise so impressive. It was then when he felt weak and prostrate, whereas the ordinary seminal emission left him unaffected. The most direct proof may be derived from a return of the symptoms by a single relapse of his "trance" after an absence of the same for nine months.

Thus it would seem, that no other diagnosis was admissible than that of *petit mal*, a view in which my friend and colleague, Dr. Wm. B. Hazard fully coincides, and in his profound knowledge of nervous diseases and diagnostic sagacity I would repose more trust than in my own in such cases.

If further evidence was needed for the correctness of the diagnosis, it might be derived from the results of the ensuing

treatment, the indications of which were in strict conformity with the pathological supposition.

Beside an appropriate domestic hygiene, bland, principally vegetable diet, cool temperature of the bed-chamber, cold baths, hard mattress, the avoidance of exciting influences in *baccho et venere*, by either unsuitable associations or lascivious reading, prompt evacuation of the bowels by aperients and cold water injections, etc., I resorted to the use of bromide of potassium and hydrate of chloral in ascending doses. Locally, frequent cold ablutions and hip-baths were advised, and, in fine, I transfixed the prepuce by two silk slings, and directed to fasten them in front of the glans penis on going to bed. The object of the infibulation being to wake the patient by pain when the penis should get in a state of erection.

This treatment proved effectual in preventing seminal emissions. For several months this treatment was adhered to. The slings were, of course, as often renewed at new places in the prepuce as the old ones threatened to cut through.

Since the patient has come under my charge, he has had but one paroxysm, as already stated, with which, temporarily, the bad symptoms reappeared. Seminal pollutions have almost entirely stopped ,and occur but in ordinary intervals from three to six weeks. The patient is now free from all complaint.

St. Louis, 519 Pine street.

A COMPLICATED LABOR.

Placenta Delivered First—Arm Presenting —Brachiotomy—Version.

BY JOHN GARDNER, M. D.

Was called to attend Mrs. T. in confinement. Multipara; age twenty-three years. Found her complaining of severe pains in the lumbar and lower abdominal regions, which had been continuous for some hours. She was at term.

On examination, found the vagina completely filled with a fleshy mass. There was but slight hemorrhage. In a few minutes the mass was pushed out by the hand of the fœtus; it was then recognized to be the placenta with the funis attached. I then found that I had to deal with a left arm and shoulder presentation. I made some earnest efforts to push back the presenting parts for the purpose of effecting version, but owing to the continuous and forcible contractions of the womb I was obliged to desist.

Having no one to assist me, or to administer an anæsthetic, I sent for Dr. H., who lived four miles away, and in about two hours he was present. During that time there was scarcely any intermission in the uterine contractions. Finding it impossible to return the arm, I proceeded to disarticulate it at the shoulder joint. Chloroform was then administered to complete anæsthesia. After many efforts, which were for a long time without success on account of the tetanic contractions of the uterus, Dr. H. effected version, and a few minutes later delivered the lady of a very large male child.

There was, I may say, no hemorrhage of any note from first to last. The patient recovered in about the usual time, but has suffered from vesico-vaginal fistula since her confinement. The opening into the bladder is large enough to admit the tip of the index finger, but she will not submit to an operation for its closure.

Dyersburg, Tenn.

ON HYPODERMIC INJECTIONS OF CHLORAL IN CONVULSIONS.

BY JOS. L. BAUER, M. D.

Country practitioners are frequently called upon to treat the various phases of convulsions; during the prevalence of the heated and malarial terms. Usually, they can be combated with comparative ease, but occasionally cases present themselves where the

usual methods are unavailing and the attendant is forced to develop some new resource to save the life of the patient. This is especially so in those cases living a few miles away, which can not reach the physician until complete coma has ensued, and *swallowing*, of course, at an end. It was my lot, last fall, to meet with several cases in which all the varied medicaments, consisting of chloroform, nitrate of potash, bromide of potassium, hydrate of chloral (internaliy), hot and cold baths, etc., etc., had been used successively with no result, and something had to be done to save the patients. I have great confidence in the effect of chloral and bromide potassium administered internally, but some cases resist its internal administration.

One case in point, is that of a little boy, aged about seven years, who had been treated in all manners and by all means until complete unconsciousness, The bowels were constipated; he had passed little urine; the skin felt clammy; the temperature was below normal; pulse slow and weak, until the commencement of the paroxysm, when it increased in frequency and fullness. The attack commenced at the angles of the mouth, going to the facial muscles and those of the eye, and then to the right and left side of the body until the child was convulsed *en masse*.

Realizing the inadequacy of prescribing any more af the pet prescriptions, I determined to inject four grains of hydrate of chloral hypodermically. Hardly had this been done one and one-half minutes, when every bad symptom disappeared and the boy slept soundly for about four hours. He then awoke, asked for some water, and slept soundly until the next morning, experiencing no bad effects from the procedure. A small abscess at the point of insertion ensued and was readily healed. I have tried the same method in several cases since that time, and feel some confidence in its use.

St. Libory, Ill.

Translations.

(Translated for the Clinical Record.)

Physicians Assassinated and Beaten.—(*Lyon Médical*, 24 August, 1879) Three weeks ago the court of Viterbe condemned to five years imprisonment and inflicted a fine of twenty-five thousand francs upon a certain Domenico who had killed with a revolver the physician who had attended his child. It appeared to this assassin father that the physician was guilty for not having cured his son and of having used a treatment which did not have the complete sanction of another doctor called in consultation.

To-day, we learn from the *Journal de médicine de Bordeaux*, that an honorable physician of that city, an old physician to the hospitals and knight of the Legion of Honor, has come near being beaten to death by an Englishman for having performed an act of professional delicacy. The circumstances were as follows:

Having been called at near ten o'clock at night to give his cares to an unknown patient, our honorable brother responded. The patient was a very young infant, who was found in a desperate condition, a prey to a violent attack of convulsions. His father, mother, and three or four women were present.

Before commencing his treatment, M. X— believed he ought to ask the usual information regarding the beginning of the disease and the treatment already employed. He was told that another physician had already seen the patient during the day. Our colleague then very judiciously observed that it would have been preferable to call this physician again, who had been present at the outset of the disease and who had followed all its phases, and who, consequently, ought to be much better informed than himself as to the nature of the convulsions and their treatment.

At these words, the father of the child,

an Englishman, we believe, threw himself upon our colleague, and seizing him violently by the throat, exclaimed, "Rascal! Scoundrel! You won't attend my child, eh!" and began to beat him.

M. X—, who is no longer young, very happily had his cane with him. He defended himself as well as he could, and sought to beat a retreat. But he could not avoid a kick in the abdomen and, in parrying a blow, a dislocation of the thumb was occasioned. At this moment, the four or five women mixed themselves into the struggle and pursued our colleague to the stairway and rudely injured him. One of them, armed with a pair of scissors, attempted to put out his eyes. But M. X—, who used his legs, was soon out of their reach. As might have been expected, such a scene brought many people into the street, and they severely qualified the conduct of this stranger who so singularly understood the laws of hospitality.

Our colleague then went to the commissary of police and made his deposition. There was the material for a case before the correctional court that might have cost the ferocious boxer very dear. Unfortunately, on the counsel of some of his friends (badly advised, in our opinion) M. X— has not cared to follow up this affair. This we keenly regret. It may be possible, we admit, that in England or America a physician may be beaten with impunity by whoever calls him to his house at night; but in France, this is not in our manners, and this bellicose stranger should have learned it at his expense. Let us now hear an outcry against physicians who will not incommode themselves at night when they do not know the person who calls them! In faith! it is well worth the trouble to get up and be exposed to such assaults!

[As the French journal intimates, we understand these matters better in America. It is evident, from some recent events, that cowardly ruffianism is the qualification for academical and society promotion!—Ed.]

Intermittent Anosmia.—(*Jour. de méd. et de chir. pratiques*, Aug. 1879) M. Raynaud describes an extremely remarkable case, and, until now, unique in science. A woman, thirty-eight years of age, treated for a long time for tuberculous affections, but considered as almost cured, for two months exhibited the following symptoms: every day, about four o'clock P. M., the sense of smell disappeared almost suddenly, until the next day about ten o'clock A. M. It then returned almost as suddenly as it disappeared. In fact, the patient enjoyed the faculty of olfaction only six hours out of the twenty-four. During the rest of the time anosmia was absolute. Suppression of taste coincided with that of olfaction, which well demonstrates the close connection existing between these two faculties. Struck with the periodicity of these symptoms, M. Raynaud gave her sulphate of quinia, and the anosmia gradually disappeared after some days.

The interpretation of this fact is extremely difficult. Hysteria or simulation cannot be taken as the cause any more than a lesion of the mucous membrane; there was nothing more than marsh poisoning. This woman had been already affected with neuralgias, which had been ameliorated by quinine; but the fifth pair was in no way affected. It must then be admitted that the morbid action had directly affected the olfactory nerve itself. It may be that this phenomenon is less rare than has been supposed, as it easily passes unperceived.

On Vomiting.—(*Le Progrès Médical*, Aug. 23, 1879) Society of Biology session of Aug. 9th, M. Arnozan, for M. Francois Franck and himself, presented the results of experiments made upon vomiting in the laboratory of M. Marey. Researches were made especially upon two points: the condition of thoracic pressure at the precise moment that the stomachic matters passed the cardia. In this relation the act of vomiting may be divided into two phases.

In the first there is a series of strong inspirations and thoracic aspiration becomes exaggerated at the same time that the abdominal pressure progressively augments. In the second, the thoracic pressure becomes positive and equals the abdominal pressure; this phase corresponds to definitive expulsion. We are to conclude that the rejected aliments pass the cardia in the period of thoracic aspiration, and this they prove conclusively by an ingenious mechanical contrivance that we have not the space to describe. They find that the vomited matters leave the stomach during the period of thoracic aspiration and the effort of expulsion is exerted especially to clear the œsophagus of the aliments which have flowed into its cavity and distend it.

Brachiotomy in Shoulder Presentations.—(*Ibid*) Paris Society of Surgery. M. Guéniot read a report on two cases of M. Cauvy, rejecting brachiotomy as a means of facilitating version.

M. Championnière admitted this so long as the child is living; but, whatever authors may say, he thinks that brachiotomy has a very important place when the child is dead and in embryotomy. He then communicated a process for embryotomy to the Society, with three cases in its support, in which brachyotomy played an important part.

Extracts and Abstracts.

Nature of Malaria.—This subject is of such great importance to every physician practicing in the Mississippi Valley, that we offer no apology for occupying considerable space with an abstract of a paper in the August number of the London *Practitioner*, entitled, "Recent Researches on the Nature of Malaria, with Remarks on the Mode of Action of Quinine."

The recent researches of Prof. Klebs and Signor Tommasi-Crudeli, seem to have done much to settle the question. From observation of the phenomena presented by malarious regions and persons subjected to malarious affections, they reached the preliminary conclusion that the true cause was to be sought for in the soil itself. When the surface of the soil in which the poison is developed becomes dry, and the evaporation from the sub-soil becomes very active, the poison can rise into the atmosphere under the influence of ascending currents of air. The substance which causes malaria is not equally developed in soils of the same composition and the same moisture, and this has repeatedly led to the belief that it is a specific organism, which not only requires favorable external conditions for its development, but the presence of a germ to give it birth. But the conditions under which malaria is produced in the soil are not such as to disprove that other hypothesis that it is due to the formation of gaseous products in the soil, rather than to organisms such as in the last ten years have begun to be recognized as the causes of other infective diseases. Which of these two hypotheses is the true one is an inquiry of great scientific as well as great practical importance. After the meeting of naturalists at Cassel in September, 1878, the authors proposed to undertake this study in the spring of this year in the Campagna, near Rome, and established the methods to be adopted in their researches.

On April 9th they commenced the first series of observations. The method adopted was the same as that employed by Klebs to settle other pathological questions of a similar nature.

Firstly, the action upon the living organism of various sorts of earth, air and water of malarious places was investigated. They afterwards separated the solid from the liquid parts of the substances which had been recognized as capable of producing malarious infection, in order to discover separately the morbid action of each. These successive operations were performed in three ways—(1) on the hypothesis that malarious diseases are generated by parasitic organisms, they tried, if possible, to develop them either entirely, or to a great extent, by placing the substance containing the malarious poison under the same conditions which experience had demonstrated as favorable to their production. The soil, for example, was long exposed to air at the temperature of 30° to 40° C. (86° to 104° F.) during the day, thus insuring a rapid evaporation from the superficial

layers, the deeper layers were kept very moist.

(2) An exceedingly small quantity of infective material prepared in this way, and also of material which had undergone no preparation, were placed in various cultivating fluids, and the morbid action of the product of this first cultivation was then tested. They then tried whether the products obtained by successively cultivating minute quantities of the first product in new cultivating solutions exercised the same morbific action as the first product. Being successful in this, they next attempted to discover what parts capable of organic development contained in the primitive infective substance could be considered causes of the morbid process which they produced, since in the last crop of the series there was no trace, or at most only an exceedingly minute one, of the substances incapable of organic development contained in the primitive infective material.

(3) Finally they separated, mechanically, the fluid parts from the solid microscopical parts contained in the natural liquids produced by cultivation, when they had discovered that these liquids were capable of exerting a specific morbific action. The separation was effected by filtering through filters of plaster-of-Paris and other substances, so as to ascertain the separate action of the filtrate and of the residue remaining in the filter.

The morbific action of these various substances was tested by injecting them into the subcutaneous tissues of rabbits, and tracing a temperature curve from observations made every two hours, and finally making *post mortem* examinations of the animals. The three points sought as proofs of their action, were the regular intermissions of temperature, the swelling of the spleen, and the absence of pathological alterations due to other diseases. The following is a summary of the results of their observations:

"1. The malarious poison is found extensively and in great quantity in the soil of malarious regions, even at a season in which it does not usually produce malarial fever in man.

2. This poison may be gathered in such seasons in the strata of air which are found in immediate contact with the surface of the soil in places favorable for its production. In order to collect it we employed a powerful ventilator by which three hundred litres of air gathered from this stratum were driven in a narrow column with great force and velocity against a plate of glass covered with a solution of gelatine and placed in a little box. From this box the air was allowed to pass out after it had deposited upon the gelatine of this glass plate all the solid particles which it held in suspension.

3. Stagnant water, in malarious regions, does not seem to contain the malarious poison at this season, although it may, like that of the Lake Caprolace, for example, be very rich in low organisms. On the other hand, our researches demonstrate that a large quantity of water hinders the development of the malarious poison by rendering its germs inactive.

4. Our experiments on animals have given the following result: The injection of liquids obtained directly from the soil, or from artificial culture, and of the residue obtained by filtration from the cultivated liquids, always caused in the animals experimented upon a fever with a typically regular course, and with intermissions which, in some cases, lasted as long as sixty hours, and with a rise of temperature during the febrile stage which might attain 41°.8 C. The temperature was always measured in the rectum, where the normal temperature of rabbits is 39°.5 C., and oscillates within limits of a few tenths of a degree.

The filtrate from the liquids, even when injected in quantities five times as great as that of the liquids themselves, produced only slight increase of temperature of an intermittent character, or only a slight febrile condition immediately after the injection. It was found, indeed, that this negative result could be obtained even by simple filtration through doubled paper, so that it seems that the active particles of the liquid containing the malarious poison are retained upon the filter more easily than those which constitute the active principle of other infective poisons, such as that of malignant pustule and septicæmia. Some of our animals into which no malarious poison was injected, but which had become accidentally affected with septic poison, showed a temperature quite different from that of animals infected with malaria.

Some of our animals into which no malarious poison was injected, but which had become incidentally affected with septic poison, showed a temperature curve quite different from that of animals infected with

malaria. In this curve could be seen gradual elevations of the temperature, which lasted a pretty long time, or a continuous increase of alternating irregular curves. In all the animals infected with malarious fluids we found, without exception, very notable swelling of the spleen. In healthy rabbits killed for the purpose of determining the normal dimensions of the spleen; we found it to be 4 centimetres long, .8 centimetres wide, and .3 centimetres thick. The same dimensions in an animal which died in thirty-six hours, in consequence of an injection repeated twice, are as follows: Length, 8.3 centimetres; breadth, 2.3; thickness, 0.9 centimetres; so that the organ was nine or ten times as large as usual. The smallest spleen in the infected animals was 6 centimetres long, so that this dimension alone was one half larger than the normal. In many of these spleens, especially in grave cases, we found black pigment in large quantities, as in the melænic patches, which are produced in man in consequence of malarious fevers.

"The organisms which, according to our observations, are to be regarded as the true causes of malaria, since they are to be found in the infective liquids obtained by the earth from the air, and by cultivation as in the bodies of infected animals, belong to the gums *bacillus*. In the soil of malarious regions they are found in the form of numerous spores, which have the power of independent motion, and strongly refract the light. They have an elongated oval figure, and a maximum diameter of 0.95 micro-millimetres. They develop either within the body or in cultivating apparatuses into long filaments, which at first are homogenious. Later on, these filaments undergo transverse fission, which converts them into a chain, and on the interior of each link new spores develope. The first formation of these spores is parietal, but finally almost the whole interior of the link becomes filled with these little bodies. This morphological property seems to correspond to a particular species of *bacillus*, which we propose to call *Bacillus malariæ*, since we have seen it develop within the bodies of animals infected by malaria.

"In regard to the biological properties of this plant we may mention besides that it requires for its development the presence of free oxygen, and perhaps belongs to Pasteur's class of *aerobii*. It does not develop in water, but does so in liquids rich in nitrogenous substances, such as solution of gelatine or albumen, in urine and in liquids of the organism. Its greatest development in the body of infected animals occurs in the spleen and medulla of the bones, which in some of our cases contain long and homogeneous filaments, which measured 0.06—0.084 millimetres in length, and .0006 millimetres in diameter. This circumstance is noteworthy, since it is precisely in these organs that the most characteristic anatomical alterations are to be found, in consequence of grave malarious fevers in man."

The editor of *The Practitioner* then refers to Salisbury's observations, published in 1866, in the *American Journal of the Medical Sciences*, in which the spores of *palmella*, a species of alga, were alleged to be the true means of infection in malarious affections. H. C. Wood, Jr., and Leidy, of Philadelphia, showed that the palmella contains chlorophyll, and requires light for its development, and therefore cannot thrive in the animal body. It is remarked: "Wood and Leidy appear thus to have shown that Salisbury was wrong in regarding the malarious poison as a palmella, but he may nevertheless have been right in looking upon it as a kind of alga."

The researches of Lanzi and Terrigi, in 1875, are carefully recapitulated, and no doubt is thrown upon their trustworthiness. These were so fully described in Professor Hammond's remarkable article in the CLINICAL RECORD for Sept., 1877, that we do not need to do more than allude to them. The editor then remarks: "We thus find a general consensus of opinion amongst Salisbury, Tommasi-Crudeli, Cohn, Lanzi, and Terrigi, as to the vegetable nature of the malarious poison, although they may differ as to the exact species of algæ composing it, and at last we are able to get some notion of the mode of action of quinine in malarious disease. Besides the curious intermissions of ague, there are other points about malaria which seem very puzzling. One of these is the way in which malaria may again exert its power after a long interval when the system becomes depressed from other causes. This phenomenon may be explained by the observations of Lussanna. He found that poisons taken into the stomach do not at once pass into the general circulation, and, indeed, when taken in small quantities may never get into it at all. They are absorbed, indeed, from the

stomach, and carried by the blood of the portal vein to the liver, but here their course is arrested. They are removed from the blood and excreted by the liver with the bile. Along with the bile they pass into the duodenum, and, after traversing it for a certain distance, they are again re-absorbed, carried a second time to the liver, and a second time re-excreted. Thus they may go on in a continual round, never passing through the liver, and thus never getting into the general circulation. When the quantity of poison, however, in the portal circulation is too great, the liver is unable to return the whole of it, and so a part of it, passing into the systemic circulation, will reach the nerve centers, and thus produce its poisonous effects. The poison with which Lussana chiefly experimented was curare, but metallic poisons were also excreted in the same manner, and what is true of them Lussana believes to be true also of the ague poison. If this poison really consists of the spores of a species of bacillus, these will, probably during respiration, be deposited upon the mucus covering the mouth and nares, in the same way that they were upon the gelatine plate in Tommasi-Crudeli's and Cohn's researches. The mucus may be swallowed, and the spores, being absorbed from the stomach, will be carried by the portal vein to the liver; there they will be absorbed, and part of them return with the bile to the duodenum, from which they will again undergo absorption and re-excretion by the liver. But it is probable that the whole of them will not be re-excreted. Some of them will be actually destroyed in the liver, for Schiff and Lautenbach have shown that this organ possesses the power of decomposing several organic poisons, and it is not improbable that it may decompose the malarious poison as other poisons. So long as the conditions in the portal circulation are such as to prevent the spores from ever becoming so numerous as to pass through the liver, they may indeed cause direct changes in that organ, and secondary changes in other organs connected with the portal circulation, but being unable to get into the general circulation, they will not produce any well-marked malarious manifestations. Should, however, their number increase, either from their natural tendency to multiply after certain intervals, new crops arise, or because some alteration in the composition of the portal blood should especially favor their growth, they may pass through the liver, and, entering into the general circulation, may produce a fever fit. The same might occur if the pressure of blood in the systemic circulation were much lessened, as, for example, after hæmorrhage, weakness from long fasting, debility from an attack of acute disease or general nervous depression, which, by lowering the tone of the vasomotor system will lessen the blood-pressure in the systemic vessels. For then the portal blood would pass more quickly into the vena cava, and might carry with it a portion of the spores. So long as the tension in the vessels generally is high, there will be comparatively slight tendency for the blood to pass from the portal vein into the systemic circulation, and, besides, the vessels of the liver may partake in the general tension, and thus present a greater obstruction than usual to the passage of spores through them."

As to the mode of action of the spores upon the nervous system, it is suggested that this is probably an indirect action, *i. e.*, by means of the substances they produce in the fluids of the body during their growth. "They may indeed have an action like a ferment, as supposed by Lanzi, and just as the spores of the yeast plant in the portal circulation would probably not act upon the brain and nervous centers directly, but only indirectly, through the alcohol to which it might give rise during its growth, so the malarious spores produce in their growth various products in place of alcohol whose nature is to us as yet unknown, but which, and not the spores themselves, are the direct cause of the malarious phenomena."

Quinine may act by checking the growth or multiplication of these growths, or may kill them outright. Emetics and cathartics remove them bodily, etc.

The Contagium of Syphilis.—(London *Medical Record*, from *Archiv für Experiment Pathol. u. Pharmakologie*, Band X.) Prof. Klebs has made an experimental study of the inoculation of syphilis upon some of the lower animals. Hunterian chancres were removed from patients by antiseptic means; parts of each chancre were preserved in hermetically sealed tubes. and inoculations were made from these, either before or after cultivation. Under certain conditions syphilitic indurations are not infective, or have ceased to be so at the time of inoculation; as these show the

same histological elements as those that do infect, it is concluded that the cells are not the carriers of the virus, these being present in both cases. The author believes that the various stages of development of a fungus correspond with the various grades of infectiveness, which view is supported by the fact that he found that the extirpated masses were more active after they had been preserved for some days in glass tubes prior to their insertion. In fresh specimens, organisms were recognizable as active mobile grains and short rods.

His first experiment was made on April 15, 1875. A Hunterian chancre was removed antiseptically and transferred to a glass tube heated to redness and closed with cotton-wool. Three days later, April 18, it showed no signs of putrefaction; the tube was opened under salicylic acid spray, and pieces of the mass were transferred to two cultivators. At the end of twenty-two days, microscopical investigation showed the presence of micrococci and rods. With this material a black rabbit was inoculated in the anterior chamber of each eye. Considerable inflammation of the eye was excited, followed by rapid wasting, and death took place on the 19th day. The left side of the liver contained a small circumscribed, yellowish-white deposit, with gristly thickening of the neighboring serosa. The left cornea, also, showed morbid changes.

On July 8th, a second experiment was made, this time upon an ape. Three injections were made—one into the prepuce, another under the right nipple, a third under the left. Nothing was noticed, except that an abscess formed at the seat of one of the punctures, until seven weeks after the inoculation. Then the animal became very ill, and a granulation tumor formed in the gum of the upper jaw. It died on Aug. 31st. The lung contained extensive tough yellow masses with cheesy centers, the peripheral parts of which were rich in spindle cell forms, and, therefore, unlike tubercle. Moreover, these changes were in direct communication with a caseous abscess under the left breast; one of the spots where an injection had been made. Extensive changes were also found in the skull, in the shape of caseous deposits and bare bone. The deposits presented the same microscopical appearances as those in the lungs; they were very vascular, and their softer parts contained rods in threads, in clusters, and groups which corresponded with those found in the cultivation apparatus.

The next series of experiments was made in May, 1877. The material was furnished by a hard chancre removed by Professor Weiss half an hour previously. The surface of the ulcer showed a thick layer of micrococci, which exhibited lively movement in a mixture of glycerine, water and common salt. Three rabbits and a dog were inoculated from the fresh chancre in the submucous tissue of the genitals. The results were negative. Two Guinea pigs were inoculated by injection into the peritoneal cavity; continuous wasting set in and the animals died. No changes were found in the viscera, but actively moving bodies were found in the urine, pericardium and bile of one animal. Pieces of the same chancre were placed in a cultivator, and twelve days later a Guinea pig was inoculated from the resulting growth of rods, grains, etc. Next day the part was somewhat swollen, and in three days the animal was dead. Organs healthy, but a few moving rods and micrococci were found in the blood.

Some of the material in another cultivator was left for a month—it no longer contained rods, but only micrococci. With this, and with some material obtained by cultivation from the bile of the recently dead Guinea pig; two parallel series of observations were made with Guinea pigs, rabbits, dogs and a goat. The inoculations were made on June 8th; and on the 12th the goat and one dog showed some swelling at the seat of puncture, and the dog some subsequent swelling of the inguinal glands, the inoculation having been made on the penis; but these early changes disappeared, and the experiments appeared to have failed. But on July 5th, one of the rabbits died unexpectedly, and in a quantity of fluid in the peritoneum were found micrococci; no trace of peritonitis was found On October 1st, a Guinea pig died; it also had ascites, but no peritonitis. Professor Klebs thinks these instances somewhat similar to the case recorded by Dr. Schütz, in 1878, of a new-born syphilitic infant with ascites, the condition being associated with extensive narrowing of the small arteries; but the arteries were not examined in these animals.

Of the two dogs, one died on Aug. 22d; it had lost weight continually. Some rather

equivocal appearances in the cranial bones were found. The other being quite well for several months, was devoted to other purposes. When it was examined, the spongy substance of the long bones in the whole extent of the epiphysis and part of the diaphysis was converted into compact tissue, and no trace of the epiphyseal line remained. In the cranial bones, eroded and carous patches were found.

A fourth series was conducted upon a pair of monkeys. The male was inoculated immediately from an extirpated chancre. The latter being removed, a small piece was deposited under the skin of the scrotum. No ill results followed. From the same chancre two pieces were taken and cultivated. The material became yellowish-gray and black, very offensive, and, on the sixth day, it contained a sprouting bacillus with active movements. The female was inoculated by subcutaneous injection. Suppuration occurred, and the part healed without any further ill result. The male was again inoculated from a fresh chancre; same result. The female was subsequently inoculated from another extirpated chancre. For six months it appeared quite well, then it began to shiver. Temperature rose to 104°, and an eruption appeared on its face. It died on May 17th, having been inoculated on Dec. 29th. Characteristic changes were found in the lung, cranial bones and kidney. In the lung there appears to have been a very characteristic gumma. They were distinguished from tubercle by being entirely interstitial, and by being composed of spindle-cells and other elements in a glassy-looking protoplasm. Similar appearances are found in the indurations of a fresh chancre. By cultivation of the blood of this animal, masses of fungus were produced, consisting of spirally twisted masses of elongated rods, arranged in colonies and chains, to which the name Helicomonads is applied.

The following are the conclusions from these observations:

1. Syphilis in man can be communicated to animals by inoculating them with portions of the syphilitic new formations. But the disease is not the same for each genus. With apes, the disease is quite the same as in man; rabbits have given other results which, if not striking, nevertheless will not allow any mistake as to their similarity with the disease in man.

2. In syphilitic new formations in man, certain low fungoid organisms are found, which develop into peculiar forms—Helicomonads.

3. By the transference of these to selected animals, changes are set going which correspond not only with those of genuine syphilis in man, but also with those of the inoculated syphilis of animals.

Insanity of Malarial Origin.—(Hammond's *Neurological Contributions*, No. 1.) The patient, a woman aged twenty-seven, free from hereditary tendency to insanity, was brought to Dr. Hammond for treatment, Feb. 9th, 1879. She had suffered repeatedly from malarious fevers, which had been treated with various "ague cures," but remained in a cachectic condition, was pale, subject to headaches, had no appetite, and little mental or physical strength. Dec. 18, 1877, she suddenly became maniacal, and next day was sent to a lunatic asylum, where she remained until she came under Dr. Hammond's observation. At that time she was profoundly melancholic, had hallucinations of hearing, but no fixed delusions. She had made two not very determined attempts at suicide. She slept little, and then only for an hour or two towards morning. There were almost constant headaches, located mainly in the vertix, frequent attacks of vertigo, flushings of the face, and distressing tinnitus aurium.

Examination with the ophthalmoscope showed the existence of pigmentary deposits in both retinæ; and a drop of blood taken from the forearm also contained pigment; also, the blood obtained by puncturing the spleen with a small hypodermic syringe, contained pigment both free and in cells.

She was averse to returning to the asylum, and Dr. Hammond thought she could be treated as well at home. She was ordered a full and nutricious diet and ample exercise in the open air regardless of the weather. One centigram (1-6 grain) of morphine, and five milligrams (1-12 grain) of arsenious acid, were prescribed to be taken three times a day, the former before, the latter after eating.

"Under the influence of this treatment, sound and refreshing sleep was at once obtained, and the nervous system became much more quiet. Little by little the mental depression faded away, and at the same time the hallucinations of hearing also gradually disappeared. The spleen became

reduced in size, and at the end of a month there was no longer any pigment to be found in the blood, though the deposits in the retinæ still remained apparently unaffected."

On March 22d she was in a fair state of health; no hallucinations; sleep sound and refreshing; morphia discontinued over a week; spleen reduced to nearly its natural size; pigment spots in retinæ breaking up and tending to disappear. Arsenious acid to be continued for two months longer.

Sydenham, Baillarger, Griesinger and Dagonet are quoted in support of the malarial origin of insanity in certain cases. He places great reliance upon arsenic as the chief curative agent. It acts with much greater efficiency than quinia or any other anti-periodic, not only in insanity, but in other brain affections of malarial origin.

Fatty Embolism.—(Strasburg letter to Cincinnati *Lancet and Clinic*) At Professor Recklinghausen's demonstrations of pathological anatomy, two cases were presented having one thing in common: an extensive fatty embolism of the lungs, so extensive that in both the fatal termination was to be ascribed to it.

In the first case death occurred about forty-two hours after resection of the carious head of a femur, the patient, a young man of twenty-three years of age, otherwise fairly nourished and splendidly developed; who, for the first twenty-four hours following the operation had been doing very well, but then suddenly and without any previous warning grew worse and died in a most profound collapse. Macroscopically, none of the organs or tissues presented anything abnormal, and it needed the microscopical examination of the lungs to account for the sudden and unexpected death. In the other case, a man forty-nine years old, there existed very extensive and very marked chronic end-arteritis, with granular kidney and an immense hypertro phy of the left ventricle. The disease of the arteries had gone so far as to lead to the complete occlusion of both tibial arteries on one side and dry gangrene had begun to manifest itself when the patient suddenly died, with some symptoms of apnœa and the microscopical examination revealed again large masses of fat in the arteries and capillaries of the lungs, whose ramifications could be traced by the dark borders of the fatty masses, which completely filled them. According to the researches of Busch, it would seem that this fatty embolism of the lungs occurs in greater or less degree in all cases where the continuity of a bone is interrupted, hence even in every simple fracture. Usually, the quantity of fat resorbed into the blood, according to this author, is small, the consequent embolism is limited as to the number and quantity, and the fat is gradually removed by collateral vessels, but when this condition becomes marked, as in the above two cases, it is sufficient in and of itself to cause death.

Bone-Marrow not an Hæmatopoietic Organ.—The very generally received opinion that the marrow of bones has an hæmatopoietic function is denied by M. Pouchet, who has been making a series of experiments in regard to the matter. He experimented on dogs, cats and fowls. His method of procedure consisted in bleeding the animals periodically, and removing the tibiæ between successive bleedings for the purpose of examining the medulla. His conclusions are that bone-marrow makes no blood corpuscles. He advances the not very original or satisfactory theory that the red blood-corpuscles either originate spontaneously or are evolved as a kind of product from the white blood-corpuscles.—N. Y. *Medical Journal.*

Boldo acts as a stimulant to digestion, and exerts a marked influence upon the liver; this property residing in both the leaves and young stems. A flock of sheep affected with a disease of the liver, were shut up in an inclosure in which the gaps had been repaired with boldo twigs; of these they ate and recovered after passing large quantities of the "liver fluke," or gourd worm, which produce the so-called liver disease. Hence the discovery of their medicinal qualities.—*New Remedies.*

Non-Mercurial Treatment of Syphilis.—Dr. J. P. H. Bodian (*British Medical Journal*) reports several cases of syphilis treated variously: *hot baths in every case*—no exception; internally, iodide of potassium, nitrate of potash, opiates, cinchona; locally, fuming nitric acid, nitrate of silver or sulphate of copper. No relapses.

Pyrogallic Acid is strongly recommended by Kaposi, of Vienna, as a caustic in epithelioma. It is quite painless in

action. In cases of epithelioma of the face, it was found to remove the diseased portions of tissue as thoroughly as arsenical paste, and did not affect the sound parts.—*Med. and Surg. Reporter.*

Tetanus Following Vaccination.—Dr. George Ross, (*Southern Clinic*), writes as follows: "I desire to place on record notes of the following, to me, anomalous case: Edward K., three and a half years old, of healthy German parentage, never sick since a mild attack of scarlatina in early infancy, was visited at 8 o'clock P. M., June 5th, 1879, and found to be suffering with tetanus, from which he died before 8 A. M. the following morning. He had no evidence of having, either recently or remotely, received an injury of any sort—no wound by puncture, laceration or incision at any time since birth, with the exception to be mentioned. It was only during the early part of the day that his family noticed a peculiar expression about his face, and an occasional elevation of his arms and shoulders, which culminated at dinner in such a pronounced convulsion that he fell from his chair to the floor. Quickly following this fall he had two spasms, of such severity as to necessitate the calling of a physician. When I reached the house the 'Sardonic grin" was pronounced, and the jaws tightly locked, several spasms occurring during my brief visit. As the night advanced they recurred with rapidly increasing frequency, and only ended with his death. Three weeks previous to his attack, he had been *vaccinated* by a German midwife, the virus inserted in two points on the left arm. Upon one of these sites, a normal looking, almost dry crust appeared, and at the other a *highly inflamed ulcer*, from which the crust had evidently been forcibly torn. To my mind this furnished a satisfying cause for the disease.

The Metric System Under High Pressure.—We are in the occasional receipt of circulars from a certain "Metric Bureau" establishment in Boston, the object of which is to push the metric system into immediate use, *vi et armis*. Somebody who will gladly inform everybody how to obtain the new weights and measures "at the lowest cost," keeps up a steady stream of advertising circulars, No. 46 being the last received, not merely advising and informing, but denouncing and abusing all physicians and others who fail to adopt the system instanter. "We need a benevolent despot who would *compel* the use of the metric system after a fixed day"—is the way the last circular puts it. People are not fond of having things crammed down their throats in that style, however good and wholesome they may be. Radical changes in the language and customs of a nation are never accomplished at a blow. It took the French Academy and the literati of the kingdom many a long year to make the simple change in the form of the verb distinguishing the future tense—a change only of a single letter, substituting *a* for *o*. It is idle to talk of physicians adopting the metric system in writing prescriptions before pharmacists shall have been well drilled in the new formulary. Impelled by the passion for novelties which marks our people, many of them catch it up eagerly, seeing only its advantages. After a time the disadvantages and evils of the change will appear and the reform will lag. Ultimately, we have no doubt, the system will be universally adopted, but none the sooner for the attempt to carry it at the point of the bayonet.—*Pacific Med. and Surg. Journal.*

Leprosy in Japan.—Dr. John C. Berry, five years a missionary in Japan, in a paper presented to the College of Physicians of Philadelphia and published in the Transactions, concludes as follows:

1. Leprosy is limited in its power, and cannot propagate itself beyond five generations if due attention is given to the care of its victims.

3. Under certain conditions of soil and climate, combined with whatever tends to depress the vital powers either morally or physically, it is endemic; and these latter influences play an important part in the early production of the disease in those who inherit a tendency to it.

3. While as yet there has not been discovered any remedy for the cure of leprosy, yet it is susceptible of great improvement under proper medicinal, hygienic and moral treatment.

4. The disease is sure to reappear if, after treatment, the patient returns to the old habits of life in which the malady first made its appearance.

5. Evidence is wanting that leprosy is contagious in the ordinary intercourse of life, but it may be transmitted like syphilis by inoculation.

St. Louis Clinical Record.

WM. B. HAZARD, M. D., Editor.

ST. LOUIS, MO., - - - - SEPT., 1879.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

We are not responsible for the views of correspondents

Editorial.

BUSINESS NOTICE.

This number of the CLINICAL RECORD has been unavoidably delayed on account of a number of new advertisements, to which we call especial attention.

Subscribers who have received bills will kindly forward their postal money orders.

Advertisers will find it to their advantage to furnish copy early in order to receive the benefits of the large number of specimen copies we shall send out during the remainder of this year.

TO POSTPONE THE FINAL MOMENT.

To prevent disease; to check its inroads, when once it is established; to prolong life, when degenerative or destructive changes already in progress tell the experienced physician that this is his only province; to smooth the way that leads to the grave; and, finally, to gain as much time as possible for the last duties of life, these are all recognized as being within the legitimate limits of our art. The final proposition possesses more than a sentimental interest, although the clinging to life after all hope of recovery has fled; the instinctive fear of the last great change, and the selfish desire to keep our friends and relatives with us as long as possible, give to it sufficient weight to engage our attention. In fact, the love of life and fear of death are the two foundation stones of medical practice, without them our profession would be without a reasonable excuse for its existence.

"Back to its mansion to call the fleeting breath," even for one little moment, may have a money value of vast importance. The successorship to an estate, the making of a will, the taking of an *ante mortem* statement that shall fix criminal responsibility, relieve the innocent from suspicion and insure the punishment of the guilty, any or all of these may depend upon the physician's ability to delay the final moment.

The long search for the elixir of life, to which we owe much of the science of chemistry; the quest for the fountain of youth, that inspired Ponce de Leon; the earnest desire for stimulants, experienced by the entire race, have had, more or less distinctly, in view the putting off for a time the inevitable end of all things earthly, so far as the individual is concerned.

The transfusion of blood in cases hopeless as regards cure; rectal alimentation, in gastric cancer; removal of fluid by paracentisis, in far advanced cirrhsis and ovarian cysts, have this object more immediately in view.

But we desire to call attention to the last day of life; when the patient is absolutely beyond hope of seeing another morn; when the breath is drawn with increasing difficulty and the heart fails to send the blood to the brain and extremities with perceptible force, when the sunken eye and cyanotic hue tell us, as they told the Old Man of Cos, that vital action is about to cease and the crude forces of nature will soon assert their sway.

To the incomparable genius of Edgar Poe we owe a fanciful sketch—wonderfully realistic—of the effects of prolonging the last hours of a dying man for a period of several months. "The Facts in the Case of M. Valdemar" must be read to be fully appreciated. The so-called "mesmeric

state" is made use of to defer all changes in a corpse, the patient being mesmerised when *in articulo mortis*. The effects are depicted with as much minuteness as the recent Australian experiment of "suspending animation" in sheep and cattle have been by the daily press! Poe carried the idea to its logical conclusion, much further than we intend doing in this paper.

Our friend, Dr. E. A. de Cailhol, relates a remarkable instance that indicates a new field of usefulness for amyl nitrite. He had been the attendant of a young woman suffering with phthisis. He had lavished his cares upon her and had succeeded in lengthening her days beyond the fondest hopes of her relatives. At last the fatal day arrived. The physician was summoned at nine o'clock, A. M., and found her evidently *in extremis:* extremities cold, radial pulse gone, respiration gasping and tracheal râles evident to every one in the room. He told the friends that his presence was useless, that nothing could delay the fatal termination. It was insisted that he should remain and do everything possible. He noticed the pallor, coldness and cyanotic hue of the limbs and countenance and concluded to ascertain the effects of amyl nitrite. Three drops were administered by inhalation. The pulse returned to the wrist, the face showed some color, the respiration became more free and lost its almost stertorous character, ability to swallow and to speak, which had been lost, returned. This rallying of the vital forces lasted for something over an hour, when the depression returned to almost its former extent. The nitrite was used again and again, with less and less effect, however, until ten o'clock P. M., when it failed to exert any influence over the heart and vessels, and death occurred quietly and painlessly.

It is probable that the amyl nitrite acted by removing an obstruction to the blood-current. It dilated the arterioles of the entire body, thus allowing the enfeebled heart to propel the blood to the utmost extent possible. It may not have directly increased the force of the heart's contractions, but that organ was enabled to make use of all the strength it possessed to drive the blood through its appropriate channels, without hindrance from a spasmodic contraction of the vessels.

It is not necessary to do more than to direct attention to this agent so powerful for good, so safe in its application.

JUSTICE TO SURGEON-GENERAL WILLIAM A. HAMMOND.

On August 27th, the President placed Dr. Hammond upon the retired list as Surgeon-General of the United States Army. This action was taken in accordance with a recent act of Congress authorizing a military court to review the proceedings of the court-martial which dismissed him from the service fifteen years ago.

We rejoice that justice has finally been done and a stigma removed from the name of one who has done much to place American medicine in the highest rank among the nations. As original investigator, writer, physician and surgeon, Dr. Hammond has few rivals in the entire world. His name is now cleared from all those unjust aspersions which were thrown upon it by personal and partisan malice. His vindication is complete.

We append some passages from his personal experience, which may serve as an example of what can be accomplished with energy, unconquerable perseverance and *brains*. We quote his own words as given to a reporter of the New York *Tribune:*

"When I was dismissed the service," said Dr. Hammond, "I resolved to go to the biggest place in the world and live it down; and so I came immediately to New York. I made no effort to get reinstated at the time, and determined not to do so until I could achieve success in my profession, and could ask to be restored to the list without back, present or future pay or allowance of any kind whatsoever. When

I arrived here I had nothing, and was obliged to borrow money from whosoever would loan it to me in order to support myself. There were times when I really did not know how I was to get my next meal. I supported myself as best I could. I took to writing for the newspapers. Amongst those that published my articles were *The Nation* and *The Round Table*, and I also contributed to other periodicals. My struggle at times was desperate. I came here in September, 1864, but did not begin to have any kind of practice until January, 1865. I then opened an office, but during the entire month I did not take in one cent. In February I received $45; in March, $150; in April, $10; in May, $205; in June, $140; in July, $300; in August, not a cent; in September, $60; in October, $275. I began to think I should never get along, and should probably not have been able to remain here if it had not been just about this time, in a fortunate moment, I was engaged to go to Europe with Eugene Langdon, grandson of the original John Jacob Astor. My engagement was for six months. I was to receive a fee of $10,000 for my attendance, and my expenses were all to be paid. This brought the sum total to about $17,000 currency. I received one-half, or $8,000, in advance, the balance to be paid on my return. We left New York in November, 1865, and did not return until June, 1866, when the amount due me was paid, and this gave me a start. I resumed my practice here, but in the month of July of that year I only took in $10. In August I received $10, in September and October nothing, in November $10, and in December $10. I may say that my practice really began in 1867. During that year my receipts were $2,225, and in 1868 they were increased to $9,600. Since then they have yearly increased, until in 1878 they reached upward of $60,000.

I looked back over the last fourteen years of my life with much satisfaction when I reviewed what I had done under the heavy load of adversity and odium which I had been forced to carry. I felt that the time had now come for me to seek moral redress. Yet I was fearful that if I should make any attempt to get back on the list it would be said that my effort was simply a scheme to take money out of the Treasury. I did not want people to think or say that I was after the money; so with great care I drew up a bill which, if passed, would authorize the President to review the proceedings of the court-martial which tried me, and to annul and set aside the findings and sentence, if proper so to do. Then, in order to meet any insinuations of greed on my part, I inserted in the second section the proviso that if reinstated, I should not be entitled to back, present or future pay or allowances of any kind whatsoever. My pay as Surgeon-General was $6,000, and had I insisted upon the arrears being paid, the amount for the fifteen years would be $90,000. But I have asked nothing. While I have always felt that I have been unjustly treated, and that, too, through the fault of the Government, I also realized the fact that while in the years immediately succeeding my dismissal I suffered greatly, I was nevertheless placed by that act in a position where I could make ten times as much as if I had remained in the service as Surgeon-General. Taking this equitable view of it, I did not ask for the money.

Mr. Conkling offered my bill in the Senate, and advocated it warmly. There was no debate, except that when the bill was presented Mr. Plumb, of Kansas, attacked me severely in a one-hour's speech. It was then that Mr. Conkling said what he had to say in my behalf. Mr. Plumb immediately called for the yeas and nays. When the call of the roll was completed it was found that fifty-five had voted in favor of the bill, and one—the solitary Plumb—against it.

C. Conrad & Co.—We do not profess to have, personally, tested or tasted *all* the articles advertised by this enterprising firm; but can state that all those we have had occasion to prescribe in our practice have been of most excellent quality, undoubted purity, and moderate price.

Their "Budweiser Beer" is certainly of the very highest quality and deserves the full confidence of the profession in all cases in which malt liquors are indicated.

Wm. R. Warner & Co.—We have recently made a further test of "Ingluvin" in cases of indigestion, and find it as effective as pepsin, while the price at which it is sold is much less. The addition of a few drops of dilute hydrochloric acid to each dose increases its efficiency.

Book Notices and Reviews.

LESSONS IN GYNECOLOGY. By William Goodell, A. M., M. D., Physician-in-Charge of the Preston Retreat, Professor of Clinical Gynecology in the University of Pennsylvania, etc., etc., etc. 8vo. pp. 380, with eighty illustrations. Philadelphia, Pa.: D. G. Brinton, 115 South Seventh street. 1878. St. Louis: Hugh R. Hildreth Printing Co. Cloth, $3 00.

Dr. Goodell's long-looked-for-book fulfills all our expectations. It is full of original thought expressed with striking emphasis. The language is quaint and, at the same time, most attractive. Like the works of Sims, Thomas, Emmet, Peaslee and Atlee, who have made gynecology an American science and art, it is conspicuous for the *practical* character of its contents. It makes no pretense to be ranked with the systematic treatises, but is simply a clinical exposé of certain views of the author. "Lessons," the title chosen, is the one most applicable to the contents of the volume.

First, a description of the instruments required is given, including, of course, "the author's speculum;" we are glad to see that this is the only instrument that he has "improved or modified."

A short, but thoroughly good, account of urethral and vesical affections in women follows. The different varieties of fistulæ are described; then an illustrative case of closure of the vulva for incurable vesico-vaginal fistula, and one of tumor of the vulva is delineated.

Perineal laceration is treated of in the sixth lesson. He strongly condemns the ordinary method of "supporting the perineum" during labor. His own method is as follows:

"For many years I have not touched a pereneum for the purpose of saving it. Sometimes I do nothing; at other times I make simply a retarding and guiding pressure with my fingers and thumb spread over the head of the child as it crowns. When the perineum is very rigid, I relax it, by hooking up and pulling forward the sphincter ani, with two fingers passed into the rectum, while with the thumb of the same hand I make the needful restraining pressure upon the head. For this method I claim the following advantages: (*a*) By pulling up the sphincter ani towards the pubes, not only is nature imitated, which always dilates the anal orifice, but the perineum is brought forward without direct pressure, and its dilatation is diffused over its whole surface, causing a corresponding relaxation of the strain on the posterior commissure in the line of its raphé. In addition, its muscular fibres are crowded up to, and consequently strengthen, the line of greatest tension; just as a prudent general hurries up reinforcements to the point of attack. (*b*) The same force which dilates the sphincter ani compels the occiput to hug the pubes and favors extension, especially if the fingers in the rectum are hooked over the prominences of the fœtal face or over the chin. (*c*) This aid is not liable to sudden interruption from the movements of the woman. (*d*) The thumb of the same hand, together, if needful, with the fingers of the free hand, can, by direct pressure upon the presenting part, restrain its too rapid advance without exciting that reflex uterine action which is so frequently evoked by the irritation of contact with the perineum. (*e*) The circulation of blood remains free, the nerves are not benumbed by a double pressure, viz., by that of the hand and that of the presenting part; and the perineum, therefore, continues in its natural condition, that of a living, elastic and sentient tissue."

He would hold the accoucheur responsible for many of these accidents. The operations—primary and secondary—for laceration are well described.

The local and constitutional treatment for chronic metritis and endometritis, next receive attention; with especial emphasis upon the latter.

Retroversion and retroflexion of the womb are hurriedly noticed in the ninth lesson; while anteversions and anteflexions are treated of in the one following. No reference is made to Gehrung's pessaries for the last class of affections, which is to be regretted.

Rapid dilatation of the cervical canal is strongly advocated in Lesson XI. The author's enthusiasm is not shared by all gynecologists. The same may be said of his defense of the intra-uterine stem-pessary —a most dangerous appliance.

The vexed question of pessaries in general, next engages the author's attention. Campbell's "Pneumatic Self-Replacement of the Uterus" is commended. He has much faith also in external abdominal supporters.

Prolapse of the womb is well described and treated of at length in Lessons XIV and XV. He advocates amputation of the cervix in certain cases with much force of reasoning. Here he is in direct antagonism with Dr. Emmet.

The recently elaborated subject of laceration of the cervix uteri, occupies Lecture XVI. Oddly enough, he has very little to say of Emmet's work in this relation. Perhaps he says enough, however, for on page 182 he states that to him (Emmet) "we owe all that we know about this operation" (*i. e.* for its repair).

For cancer of the womb he recommends Sims' operation, but never says a word about Sims or Reamy in relation thereto. For this we must censure him, for he is well enough aware of the fact that such credit was to have been expected from one so well acquainted with gynecological subjects as Dr. Goodell.

Vegetations of the endometrium, polypus of the womb, fibroid tumors of the womb, and their treatment, each takes up a separate lesson, and are valuable reading.

Spaying for fibroid tumors of the womb, and for other disorders of menstrual life, is treated of at length in the twenty-second lesson. This is, essentially, the same paper contributed to the *American Journal of the Medical Sciences* last year and abstracted in this journal. It is one of the most valuable chapters in the book. Battey's operation is not likely to become very popular at present, notwithstanding its advocacy by distinguished authors.

Ovarian cyst, its diagnosis, and its treatment by tapping, by injection of iodine, and by drainage, (Lessons XXIII), and ovariotomy by abdominal section, (Lesson XXIV), offer nothing particularly new, unless local anæsthesia by the use of ice and salt, after the method of Dr. A. J. Mullin, of this city, is to be so termed.

Vaginal ovariotomy (Lesson XXV), is a very interesting account of the removal of an ovarian cyst *per vaginam*—the seventh operation of the kind on record.

Nerve-Tire, and Womb-Ills, Lesson XXVI, is the able address before the American Gynecological Society at its last meeting, to which we have already referred at some length. As may be remembered, Dr. Mitchell's treatment of neurasthemia by rest, systematic feeding, massage and electricity, is strongly commended.

The twenty-seventh lesson is devoted to some practical hints for the prevention of uterine disorders. It is full of the most excellent common-sense advice, and should be (with the two remaining lessons) reprinted for popular reading.

Next comes the relation which faulty closet accommodations bear to the diseases of women. The defects of the ordinary institution are well delineated, after which he gives the antidote, which is "Clearly, such closets as a civilized Christian people, living in the nineteenth century, are not degraded in using; closets that are decent, comfortable and accessible; *such closets as invite rather than repel*—those in which an operation of the bowels is not tantamount to being buffeted by Satan for a season." He is a strong defender of the earth-closet but a closet of an agreeable kind is to be used at all events.

The last lesson is devoted to a most difficult and important question: "The Sexual Relations as Causes of Uterine Disorders." This includes "Conjugal Onanism, and kindred diseases," though how

conjugal or solitary Onanism can be considered a disease, we are unable to perceive. Like some of our philanthropic alienists, however, Dr. Goodell, it may be, considers all forms of depravity as evidences of disease. "The excesses of the honey-moon journey," come in for their full share of reprehension. Prevention of conception is most strongly condemned, and the command to "multiply and replenish the earth" is reiterated as strongly as could be desired by the midwife most anxious for practice. As Dr. Kennard, of this city, recently pointed out, the prevention of conception does not generally produce such dire results as our author describes and as are quite popularly supposed to follow such artifices. We are not defending any such practices, but we do certainly question the correctness of the descriptions given by Dr. Goodell and others of the moral and physical ills said to be their uniform result. Further and better observations are required to settle this question.

All in all, the work under consideration ls a most creditable one, and deserves to be read by every physician.

ETUDE HESTORIQUE ET CLINIQUE SUR LA TREPANATION DU CRAIN, LA TREPANATION GUIDEE PAR LES LOCALISATIONS CEREBRALES. par le Dr. Just Lucas-Championnière, Chirurgien des hôpitaux de Paris, Membre de la Société de Chirurgie, Rédacteur en Chef du *Journal de Médicine et de Chirurgie pratiques*. 8vo. pp. 150. Avec 14 figures dans le texte. Paris: V. A. Delahaye et cie. Libraires-Editeurs, Place de l'Ecole de Médecine. 1878. Prix: 3 fr. 50.

The accomplished editor of the *Journal de Médicine et de Chirurgie pratiques* is a strong believer in Listerism and in the recent doctrine of cerebral localizations. He has done much to popularize the antiseptic method in France, and is actively engaged in rescuing the operation of trephining the skull from the discredit into which it has fallen in that country.

He states his object in putting forth the work under consideration as follows: "We have sought to show that the value of trephining the skull should increase largely in our modern surgery; and one of the causes of the confidence that may be placed in this operation will certainly be the progress made in the solution of the following problem: given, certain motor disturbances consecutive to wounding of the skull, observation may determine with sufficient clearness the region of the cerebral cortex that is involved, to guide the hand of the surgeon with security who proposes to liberate it by trephining the skull."

In the first chapter is given an account of the evidences showing that this operation was known and practiced with success in prehistoric times. The works of Prunières, Broca, Engelhart, and others, are quoted, proving that skulls of the stone age show conclusively that trepanning was practiced by the ancient people, and that the subjects long survived the operation. He suspects that removal of a portion of the cranium in this manner was a religious rite, and traces to this practice the origin of the priestly tonsure of later and modern times, among the Brahmin, Boodhist and Christian clergy. The connection between epilepsy and trephining he traces back to these same periods. He thinks the popular superstition—not yet extinct—that a preparation of powdered human skull "is good for epilepsy," has the same origin. It is not many years since the Nashville *Journal of Medicine and Surgery* recorded a remarkable "cure of fits" through the agency of scrapings of a human skull administered by the mouth to an epileptic lad!

Trepanning is practiced among some of the Arabian tribes of Northern Africa, and also in some of the islands of the South Pacific. Squier found evidences of it in the skulls of the ancient Peruvians.

Dr. Lucas-Championnière has convinced himself, by actual experiment, that it is by no means a difficult matter to remove a rounded piece of bone from the cranium by means of stone implements alone. He

made use of a sharp flint and proceeded by making successive perforations of the bone.

The opinions of a large number of surgical writers relative to trephining for wounds of the head, are then given and discussed. The weight of authority in France, Germany, England and America is shown to be against immediate trephining; wait for complications to arise.

In the third chapter is related a case of fracture of the skull, without a communicating wound, with phenomena of paralytic localization, in which the author trephined and cured the patient. It was this case that directed his attention so strongly towards the subject and induced him to undertake further researches.

Next are considerations which have conduced to the utilization of cerebral localizations in trephining. He borrows two cuts from W. Turner (*Journal of Anatomy and Physiology*, Nov. 1873, and May 1874), showing those portions of the cranial vault that correspond to the motor zone of the localizationists, and concludes the chapter with the following propositions:

"The doctrine of motor localizations in the cerebral cortex is admitted.

Traumatism and all lesions involving the cortical motor region lead to determinate paralyses, or, under certain conditions, to localized convulsive manifestations.

The lesions of a single region produce certain derangements of motility.

These may serve to diagnosticate the region or the points of the motor region that are compromised.

Under these conditions, operative intervention may be done, and, more or less completely, remedy the derangements of motility."

The following chapter is an epitome of the results of the labors of Fritsch, Hitzig, Ferrier, Broca, Carville and Duret, Charcot and others, in establishing the facts of cerebral localizations.

Cases of wonnds of the head showing motor localizations in the cerebral cortex and the effects of surgical intervention are then given at some length. Some thirty-four cases are extracted from our "Medical and Surgical History" of the late war in support of his positions.

The seventh chapter describes the nature and forms of paralysis and convulsions observed in wounds of the head; and the eighth, the procedures to establish the points upon the cranial surface which correspond to the motor region of the cerebral cortex, for the purpose of indicating the points for perforating the cranium. These are the most important portions of the book for the operative surgeon to study.

The indications for surgical interference in wounds of the head, are then given very clearly and succinctly.

The prognosis and treatment of wounds produced by trephining are given in the tenth chapter. The author quotes many cases from many writers to show that trephining is not nearly so dangerous a procedure as might be supposed. He refers to the case of Phillip of Nassau, who had twenty-six buttons removed from his cranium, and another case who had forty-two removed; both of whom recovered. He also quotes from the *British Med. Journal* (1877) an account of numberless trephinings in Cornwall, England, for the relief of miners suffering from depressed fractures of the skull, most of whom recovered. With the antiseptic precautions, during the operation, and subsequent dressings of Lister, he thinks trephining the skull should no longer be considered a grave operation. He quotes a case communicated to him by Mr. Lister, who trephined a man at the vertex upon the median line, and, in the course of the operation opened the superior longitudinal sinus. The hemorrhage was terrible, but was arrested by tamponing the wound in the skull with bits of catgut, and the man recovered without suppuration.

In the last chapter the author examines some recent works on cerebral localizations and trephining, and replies to some criticism by M. Pozzi.

In conclusion, it must be said that the

author has written a very excellent work; one that really fills a hiatus in medical literature, and worthy of careful study. Many may not be able to agree with him in his principal conclusions, but it cannot fail to excite renewed efforts to discover the truth respecting Listerism, cerebral localizations, and the salutary effects of early trephining in wounds of the skull.

TRAITE DES MALADIES DU SYSTEME NERVEUX, Comprennant les maladies du Cerveau, les maladies de la moelle et de ses enveloppes, les affections cérébro-spinales, les maladies du système nerveux périphérique, et des maladies toxiques du système nerveux. Par W. Hammond, Professeur des Maladies Mentales et nerveuses a l'Université de New-York President de la Société névrologique de la même ville, etc. Traduction Francaise augmentée de notes et d'un appendice, par le Dr. F. Labadie-Lagrave, Ancien interne, lauréat des hôpitaux, de la Faculté et de l'Académie de médecine, Secrétaire de la Société clinique, etc., etc. Avec 116 figures intercalées dans le texte. 8vo. pp. 1278. Paris: Librairie J. – B. Baillière et fils. Rue Hautefeuille, 19, près le Boulevard Saint-Germain, 1879.

The unprecedented success of Dr. Hammond's great work on Diseases of the Nervous System is not without a reasonable explanation. It shows his large experience in the management of the diseases described, such profound knowledge of the subjects discussed and their literature, and, above all, such faith in therapeutic measures, that the reader is attracted in spite of preconceived notions, and soon confesses that the hand of a master could alone have penned its enchanting pages.

After passing through six American editions, it has been very fortunate in finding a French translator equal to its merits, and to the painful task of rendering a work of such magnitude into another language. Not only has the translator faithfully reproduced the original, but he has made the additions rendered necessary by the lapse of time and the rapid progress of neuropathology. In thus improving the French edition, the translator has made much use of Dr. Hammond's own contributions, especially his "Clinical Lectures on Diseases of the Nervous System."

In an appendix, at the end of the volume, the most recent contributions are epitomised and separated from Dr. Hammond's treatise, leaving the latter in its original form so far as it was possible to do so. In the appendix we find the following subjects treated of at length, at all events, sufficiently so to meet the demands of a compendious work like the one under consideration: Syphilis of the Nervous System; Disorders of Speech; Semiology of Cerebral Lesions; Semiology of Cereballar Affections; Semiology of Bulbar Affections; General Semiology and Therapeutics of Spinal Affections; and, finally, Pathology of the Great Sympathetic.

These additions increase the value of the work, and will, no doubt, be of aid to the author in bringing out a seventh edition, which cannot be delayed for any great length of time.

As a systematic work built upon a *clinical* foundation almost exclusively, Dr. Hammond's Treatise on Diseases of the Nervous System has no rival in the literature of the specialty.

A TEXT-BOOK OF PHYSIOLOGY. By J. Fulton, M. D., M. R. C. S., Eng.; L. R. C. P. Lon. Professor of Physiology and Sanitary Science in Trinity Medical College, Toronto; Surgeon to the Toronto General Hospital, and Physician to the Home for Incurables, Toronto. Second Edition, Revised and Enlarged, with numerous Illustrations. 8vo. pp. 416. Philadelphia: Lindsay & Blakiston; Toronto: Willing & Williamson; St. Louis: Book & News Company. 1879. Cloth, $4 00.

We have carefully examined this second edition of Professor Fowler's work and deem it a very good text-book on the subject. It shows that the author has studied well his subject, but that he has done very little, if any, original work in

this department of science. Histology is remarkably well illustrated, better than we should expect in a work of the magnitude.

The author's statements are, usually, fully borne out by the latest authorities. We find some contradictions, however. Thus, for instance, he states (page 136) that "in the ordinary process of digestion the starchy matters do not remain long enough in the mouth for this change (into glucose) to take place, but pass at once into the stomach, where the further conversion of starch into sugar is retarded by the presence of the gastric juice." On the very next page he says: "The salivary glands are not very active in infants until the age of six months, and they are therefore incapable of properly digesting starchy food, corn flour, etc." Also, on page 25, it is stated that "Starch is converted into sugar during digestion by the action of the pancreatic and intestinal juices," no reference being made to the action of the saliva. The author evidently makes a practical application of his original theory of the function of the saliva, and forgets his more recent (and we believe erroneous) notions in relation to the same subject.

On page 300 it is stated that "the spinal cord does not possess any power of *automatic* or independent action, like the higher nerve centres." In the very next paragraph he contradicts this assertion thus: "In cases of paraplegia from disease of the spinal cord, even where the loss of motion and sensation is complete, patients are sometimes tormented with involuntary movements of the lower extremities at night, which not only prevent sleep, but also occasion pain and distress." If any movements are strictly automatic, it seems to us that those referred to are to be so called. It is also a little odd that they should cause "pain and distress," if sensation is already completely abolished.

In spite of a considerable number of similar inaccuracies, we think that it is the best *short* compend of physiology in the market. It cannot take the place of more extended treatises for the advanced student and practitioner, but for one who does not wish to buy a more expensive work, it will be found very useful and satisfactory.

DISEASES OF THE THROAT AND NASAL PASSAGES.—A Guide to the Diagnosis and Treatment of Affections of the Pharynx, Œsophagus, Trachea, Larynx, and Nares. By J. Solis Cohen, M. D., Lecturer on Laryngoscopy and Diseases of the Throat and Chest, in Jefferson Medical College, Philadelphia, Etc., Etc., Etc. Second Edition, Revised and Amended, with two hundred and eight illustrations. Large 8vo. pp. 742. New York: Wm. Wood & Co. 1879. St. Louis: Book & News Co. Cloth, $5 50.

Dr. Cohen is one of the most industrious workers in laryngology, and the second edition of his systematic treatise is probably the most comprehensive work of the kind ever issued in America.

This edition is considerably enlarged, much of it rewritten, and the whole carefully revised.

As a specimen of the author's style, and also because of the importance of the subject and that we deem his advice excellent, we reproduce the essential portion of his treatment of diphtheria:

"The manner in which I have become accustomed to treat diphtheria, modified, of course, according to the exigencies and individualities of the case, may be stated as follows: The patient is placed in the most convenient room of the house, encumbered with as little furniture as practicable, care being taken to provide for due ventilation and an equable temperature of 75° F. Great attention is given to nourishment, and to systematic alcoholic stimulation, when the strength is becoming exhausted. The nostrils, when clogged, are assiduously cleaned by douche or syringe. Tincture of the chloride of iron is given in full and frequent doses, and applied locally to any circumscribed patches that can be reached in their entire extent. A continuous evolution of steam is kept up in the apartment so as to moisten the air; the throat and nostrils are kept as clean as possible by douches of a weak solution of carbolic acid (two grains to the ounce), and the same is

occasionally administered by inhalation in spray. As soon as there is any evidence of morbid products in the larynx, or parts below it, inhalations of the fumes from lime in process of slacking are administered for ten or fifteen minutes at a time, and repeated every second hour, hour, or half hour, according to the freedom of respiration and the moisture of the bronchial râles. I give the vapor from slacking lime the preference over inhalations of the spray of lime-water, though I have seen good results from the latter, and sometimes alternate the two methods. If the lime does not appear to suit the case, or if its good effects are not continuous, inhalations of the warm spray of bromine, a grain to the ounce of water, with a grain of the bromide of potassium, are substituted. Should these likewise prove inefficacious, the sulphurous acid spray is tried. If the laryngeal symptoms increase, and asphyxia is to be dreaded, tracheotomy is advised as soon as there is marked inspiratory incurvation of the intercostal, substernal, and suprasternal tissues, without waiting for the period of cyanosis, provided that no respite is procured by the inhalations, or by the action of emetics."

It may be remarked that he considers croup and diphtheria as two distinct morbid processes, and that the latter is often contagious.

The publishers have done their whole duty by the author and purchaser. We have seldom met with a better specimen of letter-press and binding.

In conclusion we must say that no laryngologist's library is complete without it, and every general practitioner will profit by giving it careful study.

MANUAL OF THE PRINCIPLES AND PRACTICE OF OPERATIVE SURGERY. By Stephen Smith, A. M., M. D., Surgeon to Bellevue and St. Vincent Hospitals, New York. 12mo. pp. 689. Boston: Houghton, Osgood & Co. New York: 21 Astor Place. The Riverside Press, Cambridge. 1879. Cloth, $4 00.

Dr. Stephen Smith has for many years held a distinguished position as surgeon, lecturer and writer. Several years ago he published a manual of military surgery that at once commanded a large sale and met with almost universal commendation. The present volume is the same work extended to cover the entire range of the science and art, and it is as close an approach to success as could be expected in so small a compass. Our principal objection to it is that the enforced brevity has compelled the author to condense too much. In future editions we hope he will enlarge the present single volume into a series of handbooks. We are sure that the profession would be very willing to encourage the author with ready patronage should he follow our suggestion. Three or four companion volumes written in the clear, terse style of this one, and with the necessary bibliographical references would be invaluable to student and practitioner.

There are eleven sections, divided into sixty chapters in this work. The sections are devoted respectively to: The Principles, the Circulatory System, the Nervous System, the Tigumentary System, the Digestive Organs, the Respiratory Organs, the Urinary Organs, the Generative Organs and the Extremities.

Of course, in the condensation of the entire subject of surgery into a small volume of less than seven hundred pages, many omissions have been made, some of them of some importance. Thus, we see no mention of Bauer's successful operation for urinary calculus, by recto-vesical section. We think altogether too much spaee is given to the popular *craze*, the plaster-of-Paris jacket in the treatment of Pott's disease of the spine. Shaffer's and Bauer's objections to it are not noticed, much to the injury of the unfortunate victims of this sort of practice. Thomas' apparatus, for the treatment of hip-joint affections, a far better one than any noted, is not even referred to.

The objections to chloroform as an anæsthetic are not stated as strongly as we could wish. Its use should be absolutely interdicted wherever a safer agent for producing the same effects can be procured. No

amount of successful experience in its use can render its administration safe or even comparatively safe.

As a surgeon, Dr. Stephen Smith is eminently conservative, and we have personally witnessed his success as an operator. His writings and his oral teaching alike show him to be a wise counsellor and experienced guide. We therefore heartily commend this, the latest, production of his pen to both student and practitioner. They will find both principles and practice ready for reference at the shortest possible notice.

A Manual of Midwifery, for Midwives and Medical Students. By Fancourt Barnes, M. D. Aber., M. R. C. P. Lond. Physician to the General Lying-in Hospital, Etc., Etc., Etc. With Illustrations. 12mo. pp. 201. Philadelphia: Henry C. Lea. St. Louis: Book & News Co. 1879. Cloth, $1 25.

Dr. Barnes' manual is plainly and pleasantly expressed and no doubt will be found extremely useful by students in medicine and midwives, for whose use it was especially written.

We regret to find many evidences of undue haste in its preparation evinced by the omission of important points, and by too great brevity in giving important directions. We cite a few examples:

On page 58, for the relief of the obstinate vomiting of pregnancy, he gives several methods and thus concludes: "The most effectual remedy is the dilatation of the neck of the uterus. In some of the most severe cases the ovum is diseased, that is, there is a mole-pregnancy." It is fair to presume that the author refers to *partial* dilatation of the cervix uteri, in the first sentence quoted, yet any one would be justified in assuming that he advises full dilatation and the induction of premature labor. The first-named method is a most valuable one and capable of a wide range of usefulness, while abortion is only rarely indicated as a last resort.

On page 40 the following is his description of the fœtal circulation, we give the *entire* account so far as the fœtus is concerned: "The fœtal blood, in order to receive its purification, is brought from the fœtal heart by the large artery, or aorta, which gives off an artery on either side, called hypogastric, which run together in the umbilical cord. On reaching the placenta, these arteries subdivide, as already explained, and run into the villi, and there form capillaries, or minute vessels, which are continuous with the veins which carry the blood back through the umbilical vein to the fœtus. The blood so brought back is carried through the large vein of the liver and the vena cava, or great vein, to the heart." We believe that this would not be a satisfactory description of the fœtal circulation even in the "Podunk University, Medical Department."

Although many deficiencies mark Dr. Fancourt Barnes' first effort at authorship, we believe he will make his mark as an obstetrical writer. A second edition will no doubt be greatly improved over the first, and when these improvements shall have been made his book will be one of the best manuals of the subject extant.

On Diseases of the Stomach, and the Varieties of Dyspepsia. By S. O. Habershon, M. D. Lond., F. R. C. P., Etc., Etc., Etc. Third Edition. 12mo. pp. 324. Philadelphia: Lindsay & Blakiston. St. Louis: Book & News Co. 1879. Cloth, $1 75.

Of the practical value of Dr. Habershon's little treatise on indigestion there can be no doubt. His plan has been to tell *how to cure the patient*, an object too often lost sight of by the authors of more ponderous works.

We have not sufficient space for an extended review, and, in fact, the appearance of two former editions has placed the author's views prominently before the profession, so as to render an extended notice unnecessary. The author refers to malaria as a cause of indigestion, but gives no special description of a form which is not at all uncommon in highly malarious regions

like the Mississippi Valley. The marked intermittence of the symptoms gives the key to the pathology and treatment.

The book is written in the best style, and every sentence is essential to the work. We know of nothing written upon the subjects embraced that is more pleasant reading and, at the same time, so well expressed and instructive. We give it our cordial indorsement.

DISEASES OF THE INTESTINES AND PERITONEUM. By John Syer Bristowe, M. D., J. R. Wardell, M. D., J. W. Begbie, M. D., S. O. Habershon, M. D., T. B. Curling, F. R. S., and W. H. Ransom, M. D. 8vo. pp. 243. Illustrated. New York: William Wood & Co. 1879. Wood's Library of Standard Medical Authors. Sold by subscription only. $1 00 per volume.

The papers contained in this volume have been some years before the profession in Reynolds' System of Medicine and Habershon's excellent book. It is, therefore, unnecessary to go into details concerning them as they have already received the title of *standard* essays.

We would again call the attention of our readers to the extraordinary excellence and cheapness of the series of which this book forms a part. We trust that Messrs. Wood & Co. will receive such encouragement the present year that they may be induced to extend the series in the future. The outlay must be great and the margin of profit small, hence only the most generous patronage on the part of the profession will enable the publishers to continue in a work which it is certainly the interest of all medical readers to have succeed.

POSOLOGICAL TABLE: including all the Officinal and the Most Frequently employed Unofficinal Preparations. By Charles Rice, Chemist, Department of Public Charities and Correction, N. Y., Etc. 16mo. pp. 96. New York: Wm. Wood & Co. 27 Great Jones st. 1879. St. Louis: Book & News Co. Cloth, $1 00.

This is the best, clearest and most complete "dose-book" we have ever examined. As an aid to the memory for students and practitioners who find some difficulty in keeping such items in mind, it will prove invaluable. In a second edition, the proper antidote should be given with the notice of each poisonous substance. We are opposed to such "helps" on principle, but as there exists "a want," it is best to meet it with the best manual that can be obtained, and this is probably the best of the kind in the market.

(1) POCKET THERAPEUTICS AND DOSE BOOK. By Morse Stewart, Jr., B. A., M. D. Second Edition, Revised and Enlarged. 24mo. pp. 263. Detroit, Mich.: Geo. D. Stewart. 1878. Cloth, $1 00.

(2) A COMPENDIUM OF THE MOST IMPORTANT DRUGS with their Doses According to the Metric System. By Wm. F. Whitney, M. D., and F. H. Clark, Apothecary to the Boston Dispensary. Boston: A. Williams & Co. 1879. Paper, 25 cts.

These pocket manuals may be of use to the medical student, but *ought* not to be required by any man holding a diploma from a respectable college.

Practitioners who fancy the metric system, and who are not afraid to trust their memories, will find the second work a passable substitute for a knowledge of the system such as can be easily acquired by a few days' study. Really, we see no necessity for either.

LITERARY NOTES:—

THE *Archives of Comparative Medicine and Surgery*, a quarterly journal devoted to the diseases of the lower animals, particularly of the horse, will appear next December. Each number will consist of sixty pages, and will be handsomely illustrated. Our talented contributor, Dr. E. C. Spitzka, Professor of Comparative and Equine Anatomy, Columbia Veterinary College, New York, will be its editor, which is sufficient guaranty that it will be a most useful and well-conducted journal. No such publication is issued in America, hence we have no doubt it will fill a gap in our medical literature and command a large patron-

age. For the first year it will appear quarterly, afterwards it will probably be changed to a bi-monthly. Every physician who owns a horse should subscribe for it. The subscription price will be $2 00 per annum. Address the editor at No. 217 East 34th street, New York City.

Braithwaite's Retrospect keeps up the high character it has held for many years as an excellent epitome of British medicine and surgery. We say British, for it gives little attention to medical matters outside of the great empire in which it is published.

Brinton's *Half-Yearly Compendium* performs the same service for medicine on this side of the water, while it gives a fair reflex of what is going on abroad. The different subjects are so separated that a subscriber after a few years can have a series of volumes giving a very complete history of what has been accomplished in anatomy, physiology, etc., during his professional career.

Dr. E. C. Spitzka, of New York, will soon begin a most valuable series of articles in this journal on the Development of the Human Ovum. Every student should read them. The latest and best researches in embryology will be utilized, some of them the results of original investigation on the part of our distinguished contributor. His reputation as an original investigator is second to that of but few, if any, in these United States.

Public Health, so warmly welcomed in our last issue, has been discontinued. Nobody but physicians seem to care about the prevention of disease, so there was not sufficient encouragement to keep it going. The *Hospital Gazette* will preserve those features of excellence which distinguished the late journal, and we hope will receive the patronage of sanitarians both in and out of the profession.

The *Sunday Visitor* comes to us from Little Rock, Ark. It is always fresh and lively, and devotes considerable attention to hygiene and public health. Dr. C. V. Meador, its accomplished editor, deserves the thanks and patronage of all our Arkansas friends, as well as those in other States who would like to inform themselves of that enterprising commonwealth and its many attractions.

Several reviews are unavoidably postponed; among them Putzel's translation of Rosenthal's work on the Diseases of the Nervous System, one of the most meritorious of Wood's Standard Library, and Turnbull's Anæsthetic Manual.

The *Southern Clinic* has closed its first volume in good style, and will continue in its free and independent course. We wish it all sorts of good fortune.

The *Illinois Medical Recorder*, heretofore published at Vandalia, Ill., has been discontinued. It was worthy of a better fate.

BOOKS & PAMPHLETS RECEIVED.

Guide to the Examination of Urine, with Special Reference to the Diseases of the Urinary Apparatus, by K. B. Hoffman, Professor at the University of Graz, and R. Ultzmann, Docent at the University of Vienna. From the Second Edition, Translated and Edited by F. Forchheimer, M. D., Professor of Medical Chemistry at the Medical College of Ohio, Cincinnati. With illustrations. 12mo. pp. 195. Cincinnati: Peter G. Thomson, Publisher, 179 Vine street. 1879. In cloth, $1 50.

Clinical Medicine: A systematic Treatise on the Diagnosis and Treatment of Diseases. Designed for the Use of Students and Practitioners of Medicine. By Austin Flint, M. D., Professor of the Principles and Practice of Medicine, and of Clinical Medicine in the Bellevue Hospital Medical College, Etc., Etc., Etc. 8vo. pp. 795. Philadelphia: Henry C. Lea. 1879. St. Louis: Hugh R. Hildreth Printing Co. Cloth, $4 50.

Vegetarianism the Radical Cure for Intemperance. By Harriet P. Fowler. 12mo. pp. 79. New York: M. L. Holbrook & Co. 1879.

MATERIA MEDICA AND THERAPEUTICS; Vegetable Kingdom. By Charles D. F. Phillips, M. D., F. R. C. S. E. Lecturer on Materia Medica. Adapted to the U. S. Pharmacopœia. By Henry G. Piffard, A. M., M. D. Professor of Dermatology, University of the City of New York, Surgeon to Charity Hospital, Etc. 8vo. pp. 323. New York: William Wood & Company, 27 Great Jones st. 1879. Cloth, $1 00. Sold only by subscription.

FIRST STEP IN CHEMICAL PRINCIPLES, an Introduction to Modern Chemistry, Intended Especially for Beginners. By Henry Leffmann, M. D., Lecturer on Toxicology in the Summer School of Jefferson Medical College, Etc., Etc., Etc. 16mo. pp. 52. Philadelphia: Edward Stern & Co. 1879. Cloth, 50 cents.

SEXUAL NEUROSES. By J. T. Kent, A. M., M.D, 12mo. pp. 144. St. Louis: Maynard & Tedford, Printers and Binders. 1879. From the Author. Cloth, $1 50.

TRANSACTIONS of the Medical and Chirurgical Faculty of the State of Maryland, Eighty-First Annual Session. Held at Baltimore, Md., April, 1879.

TRANSACTIONS of the Thirty-Fourth Annual Meeting of the Ohio State Medical Society. Held at Dayton, June 3d, 4th and 5th, 1879.

THE FUTURE INFLUENCE of the Johns Hopkins Hospital on the Medical Profession of Baltimore. By John Van Bibber, M.D.

AN ARGUMENT made before the American Medical Association, at Atlanta, Ga., May 7th, 1879, against the Proposed Amendment to the Code of Ethics restricting the Teaching of Students of Irregular or Exclusive Systems of Medicine. By Edward S. Dunster, M. D.

THE MEDICAL DEPARTMENT of the Missouri University. An Inquiry as to its Efficiency. Addressed to the Medical Profession, and the Public Generally. By Robert McNutt, M. D.

REPRINTS:—

URETHRISMUS or Chronic Spasmodic Stricture (*Hospital Gazette*). By F. N. Otis, M. D. ON SPASMODIC STRICTURE OF THE URETHRA; ADDEUNDUM to the Controversy on Same Subject, (*Hosp. Gazette*). By Henry B. Sands, M. D.

OBSERVATIONS on the Mechanical Treatment of Diseases of the Hip-Joint (Boston *Medical and Surgical Journal*); EMOTIONAL Prodigality (*Dental Cosmos*), By C. Fayette Taylor, M. D., A NEW REMOVABLE PAPER BRACE for the Treatment of Caries of the Spine, Etc. (*Hospital Gazette*). By Ap. Morgan Vance, M. D.

AN ACCOUNT OF THE PERINEOSINUEXERECINATOR. A New Instrument for the Exploration of Sinuses. Especially adapted to Gynecological Practice. By Jaques Robinson, A. M., M. D., Surgeon to the Hospital for Ruptured Vesicles; Member of the Anteversion Society and the Round Ligament Club, Etc., Etc. (*Louisville Medical News.*)

(From "Gynecological Transactions," Vol. III): ALTERNATING Anterior and Posterior Version of the Uterus. By Samuel C. Busey, M. D. A CASE of Head and Foot Presentation. By Joseph Taber Johnson, M. D. PENDULUM Leverage of the Obstetric Forceps. By Albert H. Smith, M. D. THE HAND as a Curette in Post-Partum Hemorrhage. By Henry P. C. Wilson, M. D. SOME POINTS in Connection with the Treatment of Sterility. By A. Reeves Jackson, M. D.

LACERATIONS of the Cervix Uteri. By A. Reeves Jackson, M. D. (*Medical Journal and Examiner*). THE DIFFICULTIES and Dangers of Battey's Operation. By Geo. J. Engelmann, M. D. AN ADDRESS on Obstetrics and Diseases of Women and Children. By Edward W. Jenks, M. D. (Transactions American Medical Association, 1878). REMARKS ON OVARIOTOMY, with Relation of Cases and Peculiarities in Treatment. By Nathan Bozeman, M. D. (*Med. Record.*)

FEIGNED INSANITY, HOMICIDE, SUICIDE Case of William Barr, *alias* Ball (*Am Jour. of Insanity*), By Carlos F. Mac Donald, M. D. SOME POINTS Connected with the Question of Responsibility as it Relates to the Partially Insane (Cincinnati *Lancet and Clinic*). By T. L. Wright, M. D. MANAGEMENT OF THE INDIGENT INSANE. By Rufus Baker, M. D. AMERICAN NERVOUSNESS: its Philosophy and Treatment (*Virginia Medical Monthly*); By George M. Beard, M. D. CHLORAL INEBRIETY (*Proceedings*). By J. B. Mattison, M. D.

The Present State of Otology; Affections of the Lachrymal Apparatus; Irites and Some of its Dangers. By S. J. Jones, A. M., M. D. Professor of Ophthalmology and Otology, Chicago Medical College (Transactions Illinois State Medical Society, 1877 and 1878).

Eye Troubles in General Practice (*Med. Record*). By Henry D. Noyes, M.D.

Precautions Requisite in the Administration of Ergot (Detroit *Lancet*). By J. W. Compton, M. D.

History of the Discovery of Anæsthesia (*Virginia Med. Monthly*, May, 1877). By J. Marion Sims, M.D., M. A., LL.D.

On the Nature of the Poison of Yellow Fever, and its Prevention (New York *Med. Journal*). By Dr. H. D. Schmidt.

Medical Heroism of 1878 (St. Louis *Med. and Surg. Journal*). By J. W. Singleton, M. D.

Notes of Hospital and Private Practice. By Henry Gibbons, Sr., M. D.

Posture as a means of Relief in Strangulated and Incarcerated Hernia (*Hospital Gazette*). By Frank H. Hamilton, A. M., M. D.

Treatment of Fractures of the Femur (Transactions Illinois State Medical Society, 1878). By C. Truesdale, M. D.

The Metric System (Ohio State Medical Society Transactions, 1879). By J. F. Baldwin, M. D.

Miscellaneous Notes.

An antidote for dipsomania, highly praised in the newspapers, is a strong tincture of *cinchona rubra*. Dr. Hayne (*Western Lancet*) has tried it in several cases, and states that it has no more power to cure dipsomania than bread pills has to make a man honest.

Dr. Luke P. Blackburn, of Louisville, has been elected governor of Kentucky. His services in the yellow fever epidemic of last summer had much to do in securing his nomination and election.

Dr. Alonzo Garcelon, the present governor of Maine, is also an old and honored practitioner.

The American Gynecological Society will hold its fourth annual meeting in the hall of Johns Hopkins University, Baltimore, on September 17, 18 and 19, 1879. From the published programme which has reached us, we believe it will be the most interesting meeting it has ever held.

Olium eucalypti, made from the leaves of the eucalyptus, according to Mosler, is of the highest value in the treatment of diphtheria. He adds a teaspoonful of a mixture of equal parts of the oil with alcohol, to the water used in a steam atomizer, and directs the inhalation to be kept up twenty minutes in each hour. It causes no irritation of the bronchi and acts as a powerful disinfectant.

Yellow fever continues to prevail in Memphis. As stated in our last, the mortality thus far has been about twenty-five per cent. A few scattered cases have appeared at other localities, but no epidemic. Earnest efforts are making to secure an efficient sewer system for the entire city.

In spite of the loud claims made by the friends of quarantine, it appears that this institution has had no effect whatsoever in limiting the disease.

Coming into Line.—We are pleased to learn that Bellevue Hospital Medical College, New York, has announced that after the present college term a preliminary examination of students and a graded course of three years will be required. We are certain that this course of action will greatly increase the prosperity of this college which now places itself in the first rank. It is the only New York medical school that has accepted the situation and conformed to the requirements of the times.

Diphtheria.—The Empress of Germany has offered a prize of $500 for the best original essay on this disease. It must be supported by experimental researches on the causation, mode of propagation and of arresting the ravages of the affection. Some of the greatest medical men in Ger-

many are to decide upon the bestowal of this munificent(?) prize. The essay may be written in English, French or German, and sent, with motto attached accompanied by the name of the author in a sealed envelope bearing the same motto, to Professor von Langenbeck, Berlin, to be received by him on or before Dec. 15, 1880. We hope one of our readers will secure this princely prize!

Professor Charcot and the Salpetriere.—Professor Charcot is a handsome man, with olive complexion, piercing black eyes, and a very striking appearance. * * * * "The Salpétrière is a sort of a poor-house, in which disabled and incurable paupers are sheltered to the number of six hundred, a large proportion being epileptics, paralytics, lunatics, etc. In America we should consider this institution a very old one, as it numbers nearly two hundred years of existence; but it is very modern compared with the Hotel Dieu, which was founded some nine hundred or twelve hundred years ago. Prof. Charcot possesses in an eminent degree, the most essential quality of a great physician, abundant common sense. He is eminently practical. He is a wise doubter, and is slow to accept the assertions of the brilliant writers who lead captive so many of the youthful and faith—ful members of our profession. He is a believer in the crucial test of clinical experiment.—Dr. L. P. Yandell's Paris letter in Louisville *Medical News*.

Lactopeptine.—This preparation, which is composed of pepsin, pancreatine, diastase (or vegetable ptyalin), lactic and hydrochloric acid, and sugar of milk, has already acquired an enviable reputation, both in this country and abroad, in the treatment of many forms of dyspepsia, and in digestive troubles in children. We have used it in a number of cases, and its use has, in our hands, been invariably followed by good results. Many practitioners use pepsin, but in this preparation we get not only the pepsin, but also several other substances of great, if not equal importance in aiding the digestive process. Not only do men like Loomis, Sayre, Percy, Packard, Meigs, Dawson and Yandell recommend it, but the entire mass of the profession, so far as they have tried it, seem to approve it as well.—*Ohio Medical Recorder*.

For Constipation.—Buckthorn, rhamnus frangula, is a favorite remedy with the profession as a cathartic and laxative, especially in combination with other remedies. From repeated trials we obtain a better effect from rhamnus purshiana, or cascara sagrada, in the form of a fluid extract. An excellent combination in constipation depending upon an atonic condition of the alimentary canal, is the following:

℞ Fl. ext. cascara sagrada, - ʒi;
Ext. malt, - - - -
Syr. simp. *aa* ad. - - ʒiv;
M. S.—ʒi, ter in die.
—*Lancet and Clinic*.

Abscess of the Liver.—Dr. J. C. Davis, of New York (*Archives of Medicine*, No. 4), believes that abscess of the liver, when it does not depend upon the presence of a parasite, follows only embolism in the portal vein. "These embolisms are due to transported particles of pus or shreds from the wall of some pus cavity, which being carried into the portal system, produce either suppurative phlebitis in the *porta hepatis*, the so-called *pyle-phlebitis*, or suppurative process in any part of the liver in which an embolus may have lodged."

Newspaper Medicine (*Hosp Gazette*).—"We are inclined to think that the average editor of the scientific columns of a newspaper has considerable false membrane covering in the cerebral hemispheres—exerting marked pressure on the convolution controlling common sense, discretion, medical knowledge and modesty."

Elephantiasis Arabum of the leg treated by ligating the femoral artery, after the method of Dr. Carnochan, of New York, has proved remarkably successful. Out of 69 cases thus treated, 40 were cured, 13 improved, and 16 were unsuccessful.—Mr. Crosby Leonard, *British Medical Journal*.

Amyl Nitrite.—Dr. Lyman has used, with great success, amyl nitrite for the insomnia following the sudden withdrawal of opium in opium inebriety. He has found, in all cases, a refreshing sleep to follow a few inhalations of this new drug.—*Quar. Journal of Inebriety*.

Rattlesnake Bite.—Dr. R. D. Blackwood (*Southern Practitioner*) states that he has never seen iodine or Bibron's antidote of any service in such cases. "Whiskey and ammonia *internally* and *heroically* are our sheet anchor."

Home News.

The Health Commissioner pleaded to the indictment charging him with oppression in office, etc., etc., etc., that the Grand Jury had no jurisdiction over our quarantine grounds. In his affidavit he carefully avoided denying the *truth of the charges.* Judge Cady, of our Court of Criminal Correction, *of course*, quashed the indictment. "A fellow feeling makes us wondrous kind!"

Consulting physicians to City Hospital have been appointed by the Board of Health as follows: Drs. John T. Hodgen, J. M. Scott, P. G. Robinson, A. Jaminet, R. Gebser, T. F. Prewitt, G. M. B. Maughs, E. F. Smith, J. K. Bauduy, W. H. Ford, Wm. M. McPheeters, G. Baumgarten. To Female Hospital: Drs. C. H. Hughes, E. C. Gehrung, L. Ch. Boisliniere, T. L. Papin, A. P. Lankford.

The City Dispensary, as now managed, is a public nuisance. There are now *three* regularly appointed dispensary physicians, while two would be amply sufficient to perform all the work. We have no objection to the incumbents, but it is simply a waste of the public funds to employ three physicians in the dispensary and three more in the sanitary department, when two would be able to perform all the duties. It is strange enough that more physicians should be employed about the Health Office than ever before in its history, while the entire city is in a most excellent condition so far as regards the health of the people is concerned.

Yellow fever is supposed to be present in the Quarantine Hospital. Certain refugees from the lower Mississippi are reported to be sick with that disease. Quite a large number of cases of other affections are housed in the same hospital, but, strange to say, none of them have contracted the fever from the alleged cases with whom they have been brought in contact. If yellow fever is contagious, and if any cases of that disease have been treated at quarantine, it certainly has proved itself non-contagious. If it is not contagious what excuse can there be for the establishment of quarantine? The expense to the people of Mr. Francis' pet institution will probably not be below twenty thousand dollars! He will make an economical mayor of St. Louis—when elected.

The St. Louis College of Physicians and Surgeons, advertised in our columns, is now organized and ready to receive students. The faculty consists of the following gentlemen:

Dr. L. Bauer, Professor of Surgery; Dr. A. S. Barnes, of Midwifery; Dr. R. S. Anderson, of Anatomy; Dr. P. H. Cronin, Materia Medica and Pharmacy; Dr. Jos. H. Leslie, Minor Surgery and Dermatology; Dr. J. A. Fabricius, Genito-Urinary System; Dr. L. H. Laidley, Gynecology and Histology; J. G. Lodge, Esq., Medical Jurisprudence; Dr. Theo. Fay, Chemistry and Toxicology; Dr. R. A. Vaughan, Diseases of Children. The chairs of Physiology and Practice of Medicine will be filled within a few days, in time for the opening of the regular session next month.

Wm. B. Hazard, M. D.,
Registrar of the Faculty.

We venture to call especial attention to the fact that the new college complys with all the requirements of the "higher standard" of medical education to which we have frequently referred during the present year, viz: preliminary examination of students, three years of lectures and a graded system. Frequent examinations and recitations from text-books will be a regular feature.

It may be well to state that *this is the first attempt* to advance the requirements for the medical diploma that has ever been made in St. Louis. The editor of the Clinical Record will be one of the officials of the new school, but this journal will in no respect be "the organ" of of the St. Louis College of Physicians and Surgeons, or of any institution whatsoever.

AN IMPORTANT NEW REMEDY.

SUPERIOR TO PEPSIN OF THE HOG.

A Powder:—prescribed in the same manner, doses and combinations as Pepsin.

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VENTRICULUS CALLOSUS GALLINACEUS.

From the Gizzard of the Domestic Fowl, Pullus Gallinaceus.

A SPECIFIC FOR VOMITING IN PREGNANCY,

AND A

Potent and reliable remedy for the cure of INDIGESTION, DYSPEPSIA, and SICK STOMACH, caused from debility of that organ. It is superior to the Pepsin Preparations, since it acts with more certainty, and effects cures where they fail

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Nux Vomica, Iron, Quinine, Zinc, Strychnia, Morphia, Indian Hemp, Cantharides, Digitalis, Aloes, etc

℞ A TABLE OF COMBINATIONS.*

		In Bottles 100 each.
1—PIL. PHOSPHORI	1-100 grain, 1-50 grain, 1-25 grain, in each.	1 00
2—PIL. PHOSPHORI COMP.	Phosphori 1-100 grain. Ext. Nuc. Vom ¼ grain.	1 50
3—PIL. PHOSPHORI CUM NUCE VOMICÂ	Phosphori 1-50 grain. Ext. Nuc. Vom. ½ grain.	1 50
4—PIL. PHOSPHORI CUM FERRO	Phosphori 1-50 grain. Ferri Red. 1 grain.	1 50
5—PIL. PHOSPHORI CUM FERRO ET NUCE VOM.	Phosphori 1-100 grain. Ferri Carb. 1 grain. Ext. Nuc. Vom. ¼ grain.	1 50
6—PIL. PHOSPHORI CUM FERRO ET QUINIÂ	Phosphori 1-100 grain. Ferri Carb. 1 grain. Quiniæ Sul. 1 grain.	2 75
7—PIL. PHOSPHORI CUM FERRO ET QUINIA ET NUC. VOM.	Phosphori 1-100 grain. Ferri Carb. 1 grain. Quiniæ Sul. 1 grain. Ext. Nuc. Vom. ¼ grain.	2 75
8—PIL. PHOSPHORI CUM QUINIÂ	Phosphori 1-50 grain. Quiniæ Sul. 1 grain.	2 75
9—PIL. PHOSPHORI CUM QUINIÂ CO.	Phosphori 1-50 grain. Ferri Red. 1 grain. Quiniæ Sul. ½ grain. Strychniæ 1-60 grain.	2 00
10—PIL. PHOSPHORI CUM QUINIÂ ET NUC. VOM.	Phosphori 1-50 grain. Quiniæ Sul. 1 grain. Ext. Nuc. Vom. ¼ grain.	2 75
11—PIL. PHOSPHORI CUM QUINIÂ ET DIGITALE CO.	Phosphori 1-50 grain. Quiniæ Sul. ½ grain. Pv. Digitalis ½ grain. Pv. Opii ¼ grain. Pv. Ipecac. ¼ grain.	2 00
12—PIL. PHOSPHORI CUM DIGITALE CO.	Phosphori 1-50 grain. Pv. Digitalis 1 grain. Ext. Hyoscy. 1 grain.	1 50
13—PIL. PHOSPHORI CUM DIGITALE ET FERRO	Phosphori 1-50 grain. Pv. Digitalis 1 grain. Ferri Red. 1 grain.	1 50
14—PIL. PHOSPHORI CUM CANNABE INDICA	Phosphori 1-50 grain. Ext. Cannab. Ind. ¼ grain	1 75
15—PIL. PHOSPHORI CUM MORPHIA ET ZINCO VALER.	Phosphori 1-50 grain. Morphiæ Sul. 1-12 grain. Zinci Valer. 1 grain.	2 00
16—PIL. PHOSPHORI CUM ALOE ET NUCE VOMICÂ	Phosphori 1-50 grain. Ext. Aloes Aq. ½ grain. Ext. Nuc. Vom. ¼ grain.	1 50
17—PIL. PHOSPHORI CUM ZINCO CO.	Phosphori 1-50 grain. Zinci Sul. 1 grain. Lupulinæ 1 grain.	1 50
18—PIL. PHOSPHORI CUM OPIO ET DIGITALE	Phosphori 1-50 grain. Pv. Digitalis ½ grain. Pv. Ipecac. ¼ grain. Pv. Opii ¼ grain.	1 50
19—PIL. PHOSPHORI CUM STRYCHNIA	Phosphori 1-50 grain. Strychniæ 1-60 grain.	1 50
20—PIL. PHOSPHORI CUM CANTHARIDE CO.	Phosphori 1-50 grain. Pv. Nuc. Vom. 1 grain. Sol. Cantharidis Con. 1 ♏.	1 50
21—PIL. PHOSPHORI CUM BELLADONNA	Phosphori 1-100 grain. Ext. Belladonnæ 1-8 grain.	1 50
22—PIL. PHOSPHORI CUM FERRO ET STRYCHNIA	Phosphori 1-100 grain. Ferri Carb. 1 grain. Strychniæ 1-60 grain.	1 50
23—PIL PHOSPHORI CUM QUINIÂ ET FERRO ET STRYCHNIA	Phosphori 1-100 grain. Quiniæ Sul. 1 grain. Ferri Redacti 1 grain. Strychnia 1-60 grain.	2 75
24—PIL PHOSPHORI CUM EXT: ACONITI	Phosphori 1-50 grain. Ext. Aconiti 1-16 grain.	1 50

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A New Remedy for the treatment of

ACNE, SCROFULA AND CUTANEOUS DISEASES

SUGAR-COATED PILLS OF SULPHIDE OF CALCIUM.

ONE-TENTH GRAIN PER 100,	.50
ONE-QUARTER " " "	.60
ONE-HALF " " "	.75
ONE " " "	$1.00

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Obtainable from all Druggists or sent by mail on receipt of price.

[Extract from Dr. Howard Cane's Article in the London Lancet.]

From the great frequency of occurence of acne, and from its manifesting itself on the faces of individuals of both sexes, any therapeutic agent which promises success in this often intractable skin disease will be welcomed by most practitioners. I do not bring the sulphide of calcium forward as a new remedy in the treatment of this disease, for it was recommended some years ago by Dr. Sydney Ringer, but I wish to bring it more prominently into notice as a drug which will often prove of signal service in acne when other means have failed. The success which I attained in my first case which was of a most obstinate nature, led me to try it in others.

Case 1.—G. R——, a young lady, aged 19, has been troubled for the last five years with acne of the most severe kind When she first came to me, her face, especially the forehead was thickly covered with acne spots in all stages of development, the inflamed and suppurating papules being very numerous. She stated that she had been to three physicians in London, two of whom are eminent skin physicians. Inquiries into the state of her general health found it was excellent in every respect. Prescribed the sulphide of calcium of which I gave at first one-tenth of a grain four times daily. At the same time I directed her to hold her face over a vessel of hot water night and morning for some ten minutes or more, and then to rub the parts where the little black-topped comedones were very thick with a towel, after which she was to use as a face powder some precipitated sulphur, which I directed to be colored with Armenian bole. At the same time I gave minute and careful directions as to diet, etc., forbidding pastry of all kinds, all salt meats, and enjoined the frequent use of green vegetables, together with regular out-door exercise. At the end of a fortnight I saw her again, and found that there was a slight improvement, there were not many more inflamed papules, and the black-topped comedones were considerably fewer in number. I determined to persevere. I now ordered 1 1 0 grain to be taken six times daily, and to see me again in a fort night. At the end of that time I again saw her, and, though there was no very great improvement that I could see, still the patient declared she was better. I now increased the dose of the sulphide to one grain daily, and see me again in a fortnight. I now increased the dose to one-fourth of a grain six times daily, with a very excellent result; in another fortnight to half a grain six times daily; and at the end of another fortnight not only but few spots appeared, but they were much less inflamed than usual, and the others were rapidly disappearing, and the complexion was much clearer. To take one grain six times daily for another fourteen days. I then saw her again. From this time the progress was uninterruptedly good. No fresh spots appeared.

Case 2.—J. C——, a young lady 20 years of age, came to me for an eruption on the face which she had for a year, and which had gradually become worse. I prescribed the same diet and face powder, and gave the same directions as in case 1, but gave to begin with, one-fourth of a grain of the sulphide four times daily, gradually increasing the dose to a grain six times daily. At the end of six weeks she was nearly well, and in another month I saw her again, when she was quite cured. She had taken the sulphide in all two months, gradually diminishing the dose during the fort night. I may here say that this patient also had been taking various drugs for some months previously, but without any appreciable result.

I have before me notes of fourteen other cases treated exactly in the same way, but which I need not detail, as they were merely repetitions of the two given above. The result in eleven out of these fourteen were perfect. whilst in the remaining three, though great benefit was derived, the cure was not complete. I now always begin with a quarter of a grain four times daily, gradually increasing the dose to one grain six times daily, or according to the progress and severity of the case.

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Parv. **Acidi Arseniosi**	(WARNER & CO.)	1-100	gr.
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Parv. **Aconiti Rad:**	"	1-20	"
Parv. **Aloin**	"	1-10	"
Parv. **Aluminis**	"	1-10	"
Parv. **Ammonii Chloridi**	"	1-10	"
Parv. **Antimonii et Potass. Tart:**	"	1-100	"
Parv. **Arnicæ Flor:**	"	1-5	"
Parv. **Arsenici Iodidi**	"	1-100	"
Parv. **Belladonnæ Fol:**	"	1-20	"
Parv. **Calomel:**	"	1-20	"
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Parv. **Ferri Redacti**	"	1-10	"
Parv. **Gelsemini Rad:**	"	1-50	"
Parv. **Hydrarg. cum Cretâ**	"	1-10	"
Parv. **Hydrastin**	"	1-20	"
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Parv. **Ipecac:**	"	1-50	"
Parv. **Morphiæ Sulph:**	"	1-50	"
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Parv. **Opii**	"	1-40	"
Parv. **Piperinæ**	"	1-20	"
Parv. **Podophyllini**	"	1-40	"
Parv. **Potassii Bromidi**	"	1-5	"
Parv. **Potassii Arsenitis**	"	1-100	"
Parv. **Potassii Nitratis**	"	1-10	"
Parv. **Quiniæ Sulphatis**	"	1-10	"
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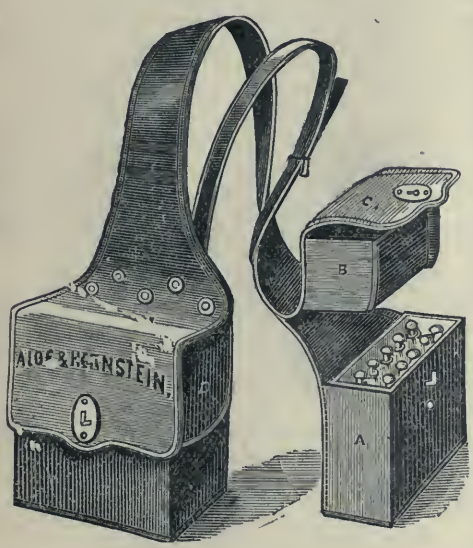

This Bag is the most complete and durable Bag in the Market, and will give the best satisfaction to the Profession of any Bag ever offered. The Bag is entirely riveted with copper rivets, thereby doing away with the old style of sewing, which has been the great objection heretofore. The boxes containing the bottles are made of the best Tin Metal. A is the metal box containing the bottles; B is the box used to carry instruments, powders, etc.; C is the flap, which holds the upper and lower boxes, A and B, firmly together, being fastened by a turn lock, which holds the contents in their place; D represents the Bag when closed. It is the only Bag made that has a complete water shed to prevent the contents from getting wet.

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PROFESSIONAL OPINIONS OF MALTINE.

During the past year we have received nearly one thousand letters from the Medical Profession in this coautry and Great Britain, referring to the therapeutic value of MALTINE; *their character is indicated by several extracts which we present below.*

BALTIMORE, MD., Jan. 20th, 1879.

We have realized decided benefit in a large number of cases treated in the City Hospital and at the Dispensary connected with it, from your preparations of Maltine. Many persons will welcome them as most efficacious and palatable substitutes for Cod Liver Oil, and as covering a wider range of application.

S. WESLEY CHAMBERS, M.D., *Res. Phys. City Hospital.*

BALTIMORE, MD., Jan. 20th, 1879.

We take pleasure in saying in behalf of your preparations of Maltine, that they have fully come up to the measure of your representations. They have given us the greatest satisfaction. We have used them extensively to the great benefit of our patients.

DAVID STREET, M. D.,
Res. Phys. Maternite Hospital.

LOUISVILLE, KY., July 11th, 1879.

I am using Maltine with Pepsin and Pancreatine in my family, and am exceedingly pleased with its results. Professor Flint, of your city, whom I highly esteem, has been consulted about the case and knows the solicitude I have had about it. The above preparation in Sherry, after meals, has been productive of great benefit. I am using it in the City Marine Hospital, the Kentucky Infirmary for Women and Children, and in my private practice, and am much pleased with the results obtained.

T. P. SATTERWHITE, M. D.

JACKSON, MICH., October, 1878.

In its superiority to the Extract of Malt prepared from Barley alone, I consider Maltine to be all that is claimed for it, and prize it as a very valuable addition to the list of tonic and nutritive agents.

C. H. LEWIS, M. D.

ST. CHARLES, MINN., March 23d, 1879.

In conditions of Anæmia, in convalescence from severe and protracted disease, especially in chronic cases where there is great general debility, and in the enfeebled condition of aged persons, I have learned to rely on Maltine, nor in any instance have I been disappointed of good results, therein forming *a marked contrast, so far as my experience goes, to preparations of Malt, which I had used previously and had abandoned the use of them when my attention was called to Maltine.*

C. R. J. KELLAM, M. D.

36 WEYMOUTH ST., PORTLAND PLACE, LONDON,
May 30th, 1879

I am ordering your Maltine very largely.

LEONOX BROWN, F. R. C. S.,
Sen. Surg., Centl. Throat and Ear Hosp., etc.

75 LEVER ST., PICCADILLY, MANCHESTER.
January 16th, 1879.

I have used your Maltine pretty extensively since its introduction, and have found it exceedingly useful; particularly in cases where Cod Liver Oil has not agreed, have I found the Maltine with Beef and Iron most valuable.

J. SHEPHERD FLETCHER, M. D, M. R. C. S.

EDDE CROSS HOUSE, ROSS, March 8th, 1879.

I am very pleased to bear testimony to the great value of Maltine. I prescribe it extensively and with the best results, specially in anæmic conditions of the system with much stomach irritability, which it seems to allay very speedily.

J. W. NORMAN, M. B., M. R. C. S.

CHEMICAL REPORTS ON MALTINE.

By R. Ogden Doremus, M. D., LL. D.

PROFESSOR OF CHEMISTRY AND TOXICOLOGY, BELLEVUE HOSPITAL MEDICAL COLLEGE; PROFESSOR OF CHEMISTRY AND PHYSICS, COLLEGE OF THE CITY OF NEW YORK.

New York, April 17th, 1879.

I have visited the works at Cresskill, on the Hudson, where Maltine is prepared, and spent portions of two days in witnessing the chemical processes for making the same. I was particularly impressed with the thorough cleanliness observed, as well as with the completeness of the apparatus employed for accomplishing the desired result—from the first treatment of the grains, to the concentration of the liquid product by evaporation *in vacuo*. The operation is effective in extracting the whole of the nutritive constitnents of the grains of malted Barley, Wheat and Oats, with but a slight residue, and is the most complete method yet devised, with which I am acquainted. for accomplishing this object.

Maltine is superior in therapeutic and nutritive value to any Extract of Malt made from Barley alone, or to any other preparation of any one variety of grain. From a chemical and medical standpoint, I cannot commend too highly to my professional brethren this unique and compact variety of vegetable diet and remedial agent, nutritive to every tissue of the body, from bone to brain.

Respectfully, R. OGDEN DOREMUS.

By Prof. John Attfield, F. C. S.

PROFESSOR OF PRACTICAL CHEMISTRY TO THE PHARMACEUTICAL SOCIETY OF GREAT BRITAIN; AUTHOR OF A MANUAL OF GENERAL MEDICAL AND PHARMACEUTICAL CHEMISTRY.

London, 17 Bloomsbury Square, W. C.,
October 28th, 1878

To Messrs. Reed & Carnrick:

Gentlemen:—I have analysed the extract of malted Wheat, malted Oats and malted Barley, which you term Maltine. I have also prepared, myself, some extract from these three malted cereals, and have similarly analysed it, and may state at once that it corresponds in every respect with the Maltine made by myself. As regards the various Malt Extracts in the market. I may remark that your Maltine belongs to the non-alcoholic class, and is far richer, not only in the directly nutritious materials, but in the farina digesting Diastase. In comparison, your Maltine is about ten times as valuable, as a flesh former; from five to ten times as valuable, as a heat producer; and at least five times as valuable, as a starch digesting agent. It contains. unimpaired and in a highly concentrated form, the whole of the valuable materials which it is possible to extract from either malted Wheat, malted Oats or malted Barley.

Yours Faithfully, JOHN ATTFIELD.

List of Maltine Preparations.

MALTINE Plain.
MALTINE with Alteratives.
MALTINE with Beef and Iron.
MALTINE with Cod Liver Oil and Pancreatine.
MALTINE with Cod Liver Oil and Phosphates.
MALTINE with Hops.
MALTINE with Hypophosphites.
MALTINE with Pepsin and Pancreatine.
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MEDICAL DEPARTMENT OF THE NORTHWESTERN UNIVERSITY.

SESSION OF 1879---'80.

FACULTY:

N. S. DAVIS, M. D., LL. D., DEAN, } Professors of
H. A JOHNSON. A. M., M. D. } Principles and Practice of Medicine and of Clinical Medicine.
EDMUND ANDREWS, A. M., M.D., }
RALPH N ISHAM, M. D , } Professors of Principles and Practice of Surgery, and of Clinical Surgery.
EDWARD W. JENKS, M. D., LL. D., Professor of Medical and Surgical Diseases of Women, and of Clinical Gynecology.
E. O. F. ROLER, A. M., M. D., Professor of Obstetrics and Diseases of Children.
SAMUEL J. JONES, A. M., M. D., Professor of Ophthalmology and Otology.
J. H. HOLLISTER, M. D., Cor. Secretary and Registrar. Professor of General Pathology and Pathological Anatomy.
J. S. JEWELL, A. M., M. D., Professor of Nervous and Mental Diseases.
H. P. MERRIMAN, A M , M. D., Professor of Medical Jurisprudence and Hygiene.
WM. E. QUINE, M. D., Professor of Materia Medica & General Therapeutics.
MARCUS P. HATFIELD, A. M., M. D., Professor of Chemistry and Toxicology.
LESTER CURTIS, A. M., M. D., Professor of Histology.
R. L. REA, M. D., Professor of Anatomy.
HENRY GRADLE, M. D., Lecturer upon Physiology.
ROSWELL PARK. A. M., M. D., Demonstrator of Anatomy and Assistant to the Chair of Anatomy.

Graded Course of Instruction.

A graded system of medical instruction was adopted at the organization of this College twenty years ago, and for twelve years it was the only representative of a classified course in this country. The recommendation of this method of teaching by two Medical College Conventions, by the American Medical Association and by various State Medical Societies; and its more recent adoption by a number of other colleges, including some of the most prominent ones in the land; and its very general approval by the profession at large, afford gratifying evidence that this new departure was a movement in the right direction.

Requirements for Admission.

All applicants for admission are required to present evidence of graduation in some literary college, or certificates of attendance upon some scientific school or academy. If the applicant have neither diploma nor certificate, he must sustain a satisfactory examination as to his literary qualifications.

Advanced Standing.

Students who have read medicine for one full year, may enter upon the *Middle Course*, by sustaining satisfactory examinations upon the studies embraced in the Junior Course.

Students who have read medicine for two years, including attendance upon one full course of lectures in some recognized medical college, may enter the *Senior Course*, by sustaining examinations upon the subjects embraced in the Junior and Middle Courses.

The College Term.

A Preliminary course of Didactic and Clinical instruction, introductory to the general course, commences September 16th and continues till the commencement of the regular Session.

THE REGULAR COURSE of lectures commences Tuesday September 30th, and will continue until March 30th, at which time the usual Commencement exercises will be held.

The Practitioner's Course,

Designed for practitioners, will commence March 31st, 1880, following the Commencement, and will continue till April 28th. This special course is arranged to meet a very general want, and will afford special advantages for a *rapid*, yet *thorough*, practical review of the most important subjects in medicine and surgery.

Clinical Advantages.

Mercy Hospital with its very perfect appointments; the Dispensary and the College clinics offer an abundance of clinical material in every department of Medical and Surgical teaching. Over fourteen thousand patients were treated here during the *last year.*

In the Hospital every Senior student serves as dresser for an allotted term in the surgical wards, and receives a certificate to that effect.

Every Senior student has personal charge of one or more cases of obstetrics, under the immediate supervision of the Professor of Obstetrics.

In the Gynecological Department, where large numbers of females apply for local treatment, each Senior student is trained by the Professor in the minute details of examination and treatment of the medical and surgical diseases of women.

Physiological Laboratory.

Aided by the generous contributions of its alumni, this College is developing a PHYSIOLOGICAL LABORATORY, which will be opened for instruction during the present year.

PRIZES

Will be given by the Dean, for the best Thesis; by the Professor of Anatomy, a First Prize to the best Anatomist—open to all classes; Second Prize to the best Anatomist in the Junior Class; the Senn Prize, for the best Anatomical Preparation; and the Earl Prize, for the best Essay on Diseases of Children.

FEES.

Lecture Fees for the College Year, $75.00. Practitioners' Course, $30.00. Graduation Fee, $30.00. Registration Fee, $5.00. Demonstrator's Ticket, $5.00. Laboratory Ticket, $5.00. Hospital Ticket, $6.00.

For information concerning Text Books, Board, Seats in the College, equirements for Graduation, etc, consult the Annual Announcement, or address

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The Malt from which it is made, is obtained by carefully malting the very best quality of selected Toronto Canada Barley. The Extract is prepared by an *improved process*, which prevents injury to its properties or flavor by excess of heat. **It represents the soluble constituents of Malt and Hops,** viz: MALT SUGAR, DEXTRINE, DIASTASE, RESIN and BITTER OF HOPS, PHOSPHATES OF LIME and MAGNESIA, and ALKALINE SALTS.

Attention is invited to the following analysis of this Extract, as given by S. H. Douglas, Professor of Chemistry, University of Michigan, Ann Arbor.

TROMMER EXTRACT OF MALT CO:—I enclose herewith my analysis of your Extract of Malt:

Malt Sugar, 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712; Alkalies, .377; Water, 25.7. Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœa, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

Yours truly, SILAS H. DOUGLAS,
Prof. of Analytical and Applied Chemistry.

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The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or mixed with a glass of milk, or in water, wine, or any kind of spirituous liquor. Each bottle contains 1½ lbs. of the Extract.

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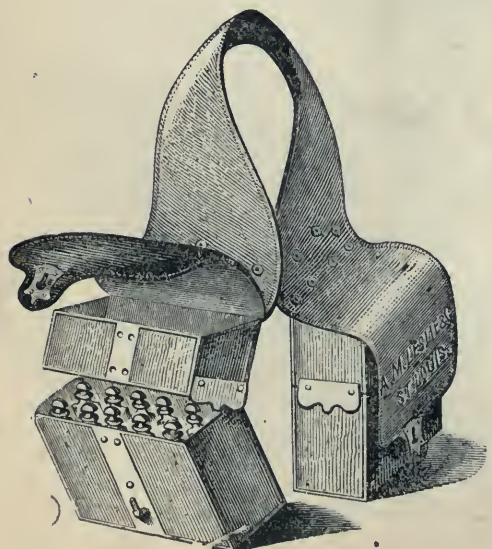

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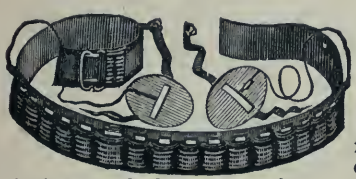

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